

ROLLING INSPIRATION

ISSUE 3 2016 | R45.00

The lifestyle publication for people with mobility impairments

ROLLING AND BOWLING

The art of lawn bowls

ZIKA BE DAMNED!

Paralympics good to
go for September

ONE STEP AT A TIME

Dealing with depression

HOUSE-HUNTING?

We've got the key

KEEP SWINGING

The 2016 Nedbank SA
Disabled Golf Open

DISABILITY DOESN'T DEFINE YOU

Overcoming prejudice in
the workplace



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

Claire Rencken
Cell: 082 559 8417
email: claire@charmont.co.za

Copy editor

Deborah Louw
email: deborahlouw@telkomsa.net

Journalist

Gavin Myers
Cell: 072 877 1605
email: gavin@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



ROLLING AND BOWLING

For people with a physical disability, lawn bowls is the ideal sport. You can play even without physical strength, running ability or lightning reflexes. **P4**



KEEP SWINGING

The 2016 Nedbank SA Disabled Golf Open took place recently. We bring you some of the highlights. **P6**



LET THE GAMES BEGIN

Despite pressure to postpone the 2016 Olympics and Paralympics due to the Zika epidemic, the Games are set to go ahead in September. **P9**



THE AMAZINGNESS OF GRACE

The attitude that we bring to our work is a key factor in our overall joy and satisfaction in life. This is especially true of caregivers. **P12**



ONE STEP AT A TIME

Becoming depressed is not a sign of weakness – there are sound reasons for depression. We look at ways to combat it. **P22**



ADVICE FOR FIRST-TIME HOME-BUYERS

Thinking about buying a home? Most properties are listed on online portals, which are a good place to start your search. **P24**



MEDIC MAZE

Attempting to decipher the jargon-ridden maze of a medical aid policy is a challenge for anyone. Throw in the word “disability” and it becomes a real puzzle! **P27**



SEE ME

Overcoming ignorant prejudice in the workplace is an important step towards ensuring the fair treatment of all employees. **P33**

REGULARS

Upfront	2	Rolling kids	29
QASA news	8	Sport	30
Ida's corner	12	Medically speaking	32
Travel	16	Employment	33
Amputee corner	21	Hotspot news	34
Accessibility	26	Backchat	36
Sexuality	28	Subscription form	36

CONTENTS

BETTER TOGETHER


We should look for opportunities and events that everyone can enjoy, despite their differences

At times I feel that because I am a person with a disability, there's a distance between myself and the people around me. My first barrier usually is the hardware, my assistive devices, because it is difficult to get close to someone for a friendly handshake or intimate hug from one's wheelchair. I started thinking about how this barrier could be removed or the difficulty addressed. I figured that it should be approached from both a disability and a non-disability point of view. And I note that one's attitude plays a big role in crossing this bridge. We need to be very accommodating when contemplating our position in our community.

It was fairly easy for me to reintegrate back into my family and community and place of employment because of the accepting attitude of the people around me. But many people feel excluded from certain activities that they enjoyed participating in. But this should not be the case. We should join hands and embrace the diversity that each individual brings.

I feel that disability should have its own place among all the other concepts of diversity such as race, gender, age, sexual orientation and religion. Disability is an evolving concept and should be

included in every new development. For too long, people with different disabilities have been simply overlooked, especially in the workplace. It does not have to take an exceptional person to be an ambassador; but society should create the space for disability to be incorporated in everything that we do. In our busy world we do need people to be considerate of persons with a disability and be creative in coming up with ways that facilitate participation in all activities.

Of course, there are certain limitations that will prevent complete or universal access to some activities. But much can be done: I can think of numerous facilities such as playgrounds, beaches and sporting venues that are accessible and include features that accommodate persons using assistive devices such as crutches, wheelchairs, canes and guide dogs. Some municipalities are delivering these types of integrated amenities, which is highly commendable; those who ignore the needs for them should be challenged and corrective action taken. Public transport still is a challenge for many, but at least there are some routes or modes of transport, such as Uber, that can accommodate everyone. It does take time for facilities and services to be put in place, and in the meanwhile we should stay positive, look out for one another and enjoy the one thing that we all share – life! 



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

WIN WITH CANON!

Share a picture of yourself doing something out of the ordinary, somewhere beautiful... make us laugh or feel inspired, preferably both!

You could win an EOS 1300D camera and EF-S 18-55 DC lens, to the value of R 5 999, from Canon SA.

This camera produces superb images thanks to a large 18 megapixel APS-C size sensor. You can print your images up to A2 size, or creatively crop them and still achieve great quality.

Atmospheric pictures in low light come out perfectly, thanks to the large ISO sensitivity range of ISO 100-6 400 (expandable to ISO 12 800), which reduces the need for a flash – so you can capture the natural ambience of every precious moment. You can also create stunning portrait shots that emphasise your subject against beautiful soft blurred backgrounds, thanks to the shallow depth of field associated with digital single-lens reflex (DSLR) photography.

Our followers on our social media pages will be helping us select our winner, so share your best high resolution shots (no Photoshop!) and tag us @Rolling Inspiration Mag (Facebook) or @RollingMag (Twitter), with the reference #CanonPhotoComp.

Make sure you direct all your friends and family to our pages to like your picture and you could be our winner.

The competition will run until October 31, 2016.

Rolling Inspiration reserves the right to publish photographs submitted.



Canon

THAT'S HOW I ROLL

Our winning photo this time comes from Fletcher McWilliams. Thanks for your submission, Fletcher, and well done! You have won a Smergos Best Bag Forever (BBF) bag, worth R400. You also stand a chance to win a R1 000 shopping voucher from Spar, should you be chosen as our overall winner at the end of the competition.

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



How to enter:

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

SOCIAL ROLLER OF THE MONTH

Our next winner is Felicity Konigsbeger! You too have won yourself a Smergos BBF bag. Thank you for the interest you have shown in our publication.

The search is on for our next winner. Interact with us through comments, likes, inboxes or retweets on our social media content and posts. If you are the most interactive and engaged follower, you could be our next social roller of the month.

Go on and like our Facebook (Rolling Inspiration Mag) and Twitter (@RollingMag) pages. Your comments could make you a winner.

Karen Key

on Radio

The DISABILITY REPORT

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

SAfm

104-107

ROLLING AND BOWLING

For people with a physical disability, one of the most fun sports out there is lawn bowls. CHRIS PATTON explains why he's a fan




n lawn bowls, you are not restricted by a need for physical strength, running ability or lightning reflexes. The sport relies on rhythm, muscle memory and concentration. Primarily, you need to be able to swing your arm in a pendulum motion,

but even quadriplegics, without the grasping ability to pick up and hold a bowl, are able to compete with the aid of a helper and a bowling contraption that fits across their wheelchair, allowing them to select their line and

direction) is played on a bowling green (a flat piece of prepared lawn), divided into rinks of about 5m wide, and the length of play varies considerably within defined boundaries.

This type of bowls is usually played at the local bowling club, along with able-bodied bowlers. Historically many older men and women have played the game, often after retiring from more physically demanding sports. But more youngsters today are taking it up with great success, and the diversity of age, sex and inclusion of disability is unrivalled by any other sport. There are many variations in format, and bowlers can play socially, in club and district competitions, and in league against other clubs.

To get started, you need to find your nearest bowling club. With more than 400 bowling clubs in South Africa, chances are there is one close to you. Go to the Bowls South Africa website www.bowlssa.co.za and look under Districts. Wheelchair users will need to acquire wide inflatable wheels to ensure they do not damage the surface of the green, and people who use crutches or walking aids will need to have this equipment similarly modified. But for bowlers with disabilities who aspire to higher honours, an annual week-long national tournament for bowlers with visual and physical disabilities is held, at different host venues. Competing bowlers must be classified depending on the nature of their disability; for physically disabled bowlers this is determined by your balance and strength. To find out more about Physically Disabled Bowls SA, contact chris.patton@sanparks.org. 



speed of delivery. People with cerebral palsy, leg and arm amputees, people who have had polio, wheelchair users and others can – and do – play the sport.

The objective of bowls is to roll biased balls so they stop close to a smaller ball called a “jack”. Each end (rolling all your and your opponents bowls in one



SpeediCath® is the convenient and safe catheter choice every time

Instantly ready to use

SpeediCath is instantly ready to use right out of the package. Thanks to the unique hydrophilic coating it works without the need to add water or lubrication. It does not get any faster or simpler than that.

Easy to use

SpeediCath is easy to use. The ring-pull feature offers easy opening and the adhesive dot ensures that the catheter stays where it is placed. Furthermore, SpeediCath can easily be connected to a urine bag if needed.^{1,2}

Proven to minimise the risk of urinary tract infections

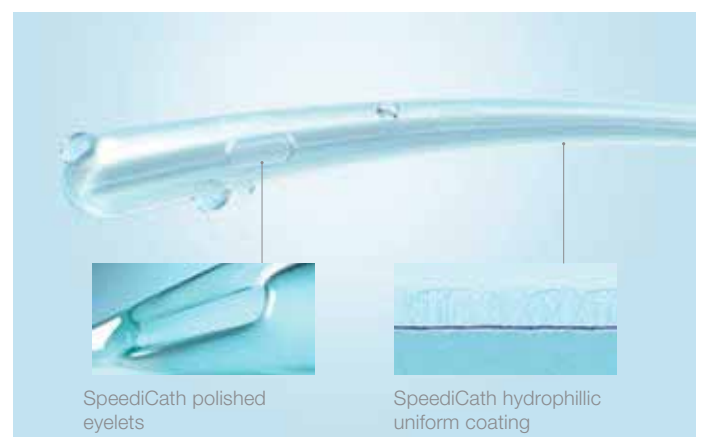
SpeediCath is proven to significantly minimise the risk of urinary tract infection compared to uncoated and other hydrophilic-coated catheters.^{1,3,4}

Smooth and comfortable to use

SpeediCath has a unique, patented hydrophilic coating that makes the coating very smooth and ensures comfortable insertion and low friction at withdrawal.⁴

SpeediCath also has polished eyelets that together with the hydrophilic coating creates a smooth catheter surface which minimises the risk of urethral damage.⁴

SpeediCath is PVC- and phthalate-free ensuring your health is never compromised.



References

1. Cardenas et al: Intermittent catheterization with a hydrophilic-coated catheter delays the occurrence of urinary tract infection in patients with acute spinal cord injury: A prospective, randomized, parallel, multi-centre trial. PM R 2011; 3:408-417.
2. Pascoe G, Clovis S. Evaluation of two coated catheters in intermittent self-catheterisation. Br J Nurs 2001; 10:325 -329.
3. De Ridder DJMK et al.: Intermittent catheterisation with hydrophilic coated catheters (SpeediCath) reduces the risk of urinary tract infection in spinal cord injured patients: A prospective randomized parallel comparative trial. European Urology 2005 Vol. 48 (6), p 991-995.
4. Stensballe J. et al. Hydrophilic coated catheters for intermittent catheterisation reduce urethral micro trauma: a prospective, randomised, participant-blinded, crossover study of three different types of catheters. European Urology 2005, Vol. 48 (6) p. 978-983.

KEEP SWINGING

The 2016 Nedbank SA Disabled Golf Open took place recently. CLAIRE RENCKEN brings you some of the highlights



Canon

OFFICIAL SPONSOR



he South African Disabled Golf Association (SADGA) believes that golf builds character, which is an asset – whether or not you have a disability. The association is about being a golfer – the community, the sense of belonging, the drive, the passion, the motivation and the team spirit. It is in this spirit that the Disabled Golf Open is held every year.

This year marked the 18th official version of the event, and the 11th year of its partnership with Nedbank. The tournament was held at the Zwartkop Country Club golf course in Centurion on May 2-5.

It is an international amateur event, which incorporates all disabilities – the SA Deaf Championships are facilitated as a separate tournament.

SADGA is fortunate enough to have many sponsors, partners and contributors that help make this event possible every year. A few of the corporate sponsors, aside from Nedbank, include Bidvest, Canon and Mercedes-Benz.

LET'S TAKE A LOOK AT THE RESULTS...

American Chad Pfeifer rolled in a clutch putt for par at the final hole to celebrate a wire-to-wire victory, while 19-year-old Stellenbosch University student Charl Theron – a First Swing Program (FSP) learner – upstaged South Africa's big guns to top the local challenge with a tie for fourth.

Pfeifer shot a final round one-over-par 72, to edge out 2014 champion Josh Williams by one shot to lift the trophy on a winning score of even-par 213.

Juan Postigo from Spain returned an 80 to take third on 225, while Theron closed with a 75 to grab a share of fourth on 231 to tie celebrated leg amputee Manuel de los Santos from the Dominican Republic, who shot a final round 81.

Below: This year's winner, Chad Pfeifer.



EOS 1300D

Pfeifer said he ticked a lot of boxes with this victory. "This means the world to me. I wanted to raise awareness for disabled golf outside the United States, I wanted to put this championship on the map and I've wanted to win this title since Josh told me about the tournament last year.

"He said it's one of the best tournaments in the world and I was really excited to come and see for myself. It has certainly delivered on all points. The hospitality and the organisation of this event is a cut above many of the disabled and professional tournaments I've played and the atmosphere was fantastic," Pfeifer says.

Theron also won the Les Autres Division (handicaps 0-18), while


Byron Calvert took the honours in the Overall Nett Division on 207. The 14-handicapper carded rounds of 70, 71 and 66 to win by three shots from Johan van Wyk.

Reinard Schuhknecht won the Arm-Amputee Medal and Pfeifer the Leg-Amputee Medal.

Garrett Slattery posted rounds of 95, 93 and 94 to win the Visually Impaired Division on 282, while FSP player Charles Williams won the Deaf Division (handicaps 0-9) on 284 with rounds of 84, 78 and 82.

Leg-amputee Flip Brink also celebrated a wire-to-wire victory when he won the Overall Individual Point Stableford (IPS), handicaps 19-36. He triumphed on 108 points with rounds of 42, 37 and 29, just edging out FSP

player Raylen de Wee, who took the honours in the Arm-Amputee IPS on 107.

FSP newcomer Jabu Price Moore claimed a one-shot victory in the Les Autres IPS on 101 with rounds of 37, 34 and 30, while Ralph Cullinan beat Mathys Roets for the title in their joint debut in the Wheelchair Division. 

FIRST SWING TO SUCCESS

One of SADGA's biggest successes so far (and the one it is most proud of) is its First Swing Program (FSP). The FSP is a series of clinics at participating schools across South Africa for disabled children and youth – focusing not only on golf, but on rehabilitation through golf as well.

The program is designed to introduce disabled children to golf; and through golf, to vital life skills. It offers broad exposure to golf-related industries, such as the hospitality, golf course management and public relations industries.

Through the FSP, children with physical disabilities receive golf coaching and are given the chance to participate in different golf events.

Children with severe physical disabilities who would never be able to play a round of golf on a regulation golf course are also taught the basics of golf, in order to enhance muscle movement and to get a chance to enjoy an outdoor sport activity.

"The legacy of the FSP extends much further than the golf course," says SADGA CEO Eugene Vorster. "The program employs the rules of golf to teach children with disabilities the core values associated with the game, such as honesty, integrity, good sportsmanship, patience, judgement and fair play.

"The FSP not only gives young children therapeutic support and an opportunity to learn about golf, but also teaches them how to engage and socialise, since children with disabilities often isolate themselves. The program is safe, fun and goal-achievable and it encourages participation at all levels."



PIXMA MG7740



Canon

OFFICIAL SPONSOR

MORE DRIVING AMBITIONS SUCCESSES

Corne Lubbe, a quadriplegic, after only five driving lessons with Des, our instructor, went for his driving test and passed on his first attempt. A young and enthusiastic Buranee Haupt, a right hemiplegic, also passed her driving test under Des's guidance.

Sizwe Nxumalo, a paraplegic, determined to become

more independent, joined our driving programme and under the guidance of his instructor Shaun, passed his driving test in April. Shaun also helped Raymond Jaca, a QASA administrator, to pass his driving test in May.

Well done guys!



From left: Sizwe Nxumalo, Raymond Jaca, Corne Lubbe and Buranee Haupt.

STRATEGIC PLANNING SESSION

On Friday April 22, the **Rolling Inspiration** team, members of QASA, valued contributors and some loyal advertisers met at the Edgecombe House conference centre in Midrand, for a full-day strategic planning session. The proceedings were facilitated by QASA CEO and **Rolling Inspiration** managing editor, Ari Seirlis. Some wonderful ideas, as well as a few good laughs, were shared by all. We look forward to applying some of the outcomes and seeing the positive impact on the publication going forward.



NEW WHEELS FOR CARLO

Carlo Zietsman of Rosedale in George, who was on the cover of our January-February edition, is now the proud,

and very grateful, owner of a brand-new wheelchair donated to him by QASA. Carlo is a well-known face in front of the PNA stationery shop in York Street, George, where he's been sitting in his wheelchair



for years, receiving contributions from passers-by. Janine Abrahams, a cashier at PNA, helped Carlo unpack his wheelchair when it was delivered to the shop, and says the shop's staff were almost as excited as Carlo himself. Thank you QASA for making this happen!

THE GIFT OF EDUCATION

QASA is very proud to have introduced Sandile Mkhize to Atmosphere Communications, an award-winning public relations consultancy, with offices in Cape Town and Johannesburg. Atmosphere Communications is covering Sandile's tuition fees (worth R30 000) for the 2016 academic year. Sandile's story really inspired them, so they decided to help him in his quest to obtain a BCom degree.



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

LET THE GAMES BEGIN



Despite pressure to postpone the 2016 Olympics and Paralympics due to the Zika epidemic, the Games are set to go ahead. CLAIRE RENCKEN reports



n an open letter to the World Health Organization (WHO) 150 health experts called for the Olympics in Rio de Janeiro to be postponed or moved because of the Zika epidemic.

The signatories said the current plans for the Games needed to be revised “in the name of public health”. However, the WHO rejected the idea and said that suspending the Olympics or staging them elsewhere would “not significantly alter” the spread of the virus, which is linked to serious birth defects, such as microcephaly.

In rare cases, the virus can also cause Guillain-Barré Syndrome, a neurological disease that results in temporary, and sometimes fatal, paralysis.

The experts fear that these defects could spread more rapidly around the world as a result of an influx of Olympic visitors to Rio, which has a high incidence of Zika cases. Naturally, some athletes are uneasy. However, for now at least, the WHO has decreed that the show will go on.

Let's take a look at a couple of names to look out for at this year's Paralympics ...


Crack Paralympic marksman Von Zeuner Kohne, who was born with spina bifida, will once again be representing South Africa in the Shooting category.

Kohne started pistol shooting as a hobby during the 1990s and participated in the South African Pistol Association competitions against able-bodied people. In 1996 he was introduced to shooting for people with disabilities. Since then he has participated in several international shooting events, representing South Africa at the 2000 and 2004 Paralympic Games in the Sport pistol (25 metres), Air pistol (10 metres) and Free Pistol (50 metres) events.

In preparation for his participation at this year's

Paralympic Games, Kohne recently represented South Africa at various World Cup events, where he has been awarded several medals.

A Paralympic rower to keep an eye on is Sandra Khumalo. In 2005, at the age of 24, Khumalo was injured in a car accident that left her lower body paralysed. Following her accident, Khumalo moved to Durban. In 2008 she took up swimming to improve her upper body strength. She was approached by the Midlands Rowing Club in 2010 and began training with a coach in Pietermaritzburg. She later joined the Durban Rowing Club and was taken to a training camp for the national team.

Khumalo qualified to compete for South Africa at the 2012 Summer Paralympics, held in London. She placed eighth overall. We look forward to seeing what she brings to the table in September. 

Prima Care
HOMECARE & CLINIC FURNITURE

Wheelchair Gel Seat Cushion

The latest in GELTOUCH technology has been compacted into this extraordinary wheelchair cushion. Endorsed by Annabel Breuer, who has won two European titles and a gold medal winner in the 2012 Paralympics in London.

Reserve yours today!
Limited stock available

CALL US ON
**0861
PRIMACARE**



Tel: (+27) 21 801 4675
info@primacare.co.za
www.primacare.co.za

NEW TECHNOLOGIES IMPROVE SELF-CATHETERISATION

Intermittent catheters are intended for use by adult and paediatric, male and female patients for draining urine from the bladder. Re-use of a single use device may create the risk of urinary tract infection (UTI). Bard Care, the world's largest manufacturer of silicone devices, has designed a range of catheters that are now available directly to you. This range includes Magic³ single use intermittent catheters as well as SpiritTM, a range of male external catheters.

Unveiling the “Magic” of our m³ Technology

Magic³ with m³ technology is the first intermittent catheter made of three distinct all-silicone layers, the first of which demands no compromises. Combined with a gripping device, the Magic³ Intermittent Catheter with Sure-GripTM is more than just comfortable – it's easy to handle and eliminates the need to touch the catheter surface.

This environmentally conscious design is made of 100% silicone and is not only soft and gentle on delicate urethral tissue, but is latex and phthalate-free, eliminating the risk of latex-related allergic reactions and disposal concern.

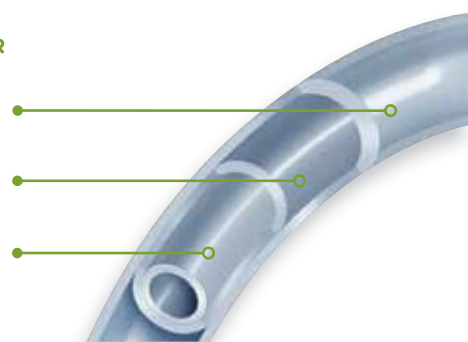
Magic³[®]

INTERMITTENT CATHETER

Ultra-soft outer layer
to maximize comfort

Firm middle layer
for easy handling

Pliable innermost layer
for easy navigation



Available with a **GripperTM**



The Sure-GripTM

Providing additional control at the tip of the catheter, the Sure-GripTM insertion sleeve firmly grasps the slippery surface and slides smoothly along the catheter shaft making it easier to maneuver, giving the user more control. The no touch insertion technique allows the catheter to be held firmly without touching the surface, minimizing the risk of contamination while catheterizing.

Magic³ Hydrophilic Catheter

Magic³ is also available with a hydrophilic coating and pre-packaged with its own sterile water for immediate hydration that creates a virtually friction free surface. Designed for quick, easy, sterile preparation whatever the environment.



The Technology Game Changers

Spirit®

HYDROCOLLOID ADHESIVE TECHNOLOGY

Style 1



Offers built-in adhesive in a length and placement found with traditional male external catheters.

Style 2



The sheath with forward placement of adhesive designed to minimize unintended detachment.

Style 3



Provides additional adhesive area compared to similar silicone self-adhering catheters. Combined with forward placement of adhesive designed to minimize unintended detachment.



Hydrocolloid Technology

Hydrocolloid adhesives have been used effectively in wound care dressings. The integration of hydrocolloid with the adhesive in the Spirit™ range allows the dressing to maintain maximum adhesion while absorbing moisture away from the skin. By preventing moisture build-up, the hydrocolloid adhesive sheath helps protect skin integrity and facilitate skin health.

This innovative fusion gives users and caregivers greater confidence by promoting skin integrity while minimizing the risk of leakage

Other Accessories

Bard Care has a variety of other products in their range that will make it easier and more comfortable to use your catheter. These include urinary bags with a valve preventing urine from flowing back, a sterile pathway for fluid and a secure valve for drainage, as well as extension tubes and a leg bag with a soft fabric holder and reusable straps.

The Personal Touch

Bard Care, a leading supplier of urology products for over 100 years, knows that personal attention is an important facet of healthcare. For this reason, we facilitate access to a home-care nurse to assist you with your required personal intermittent catheter, monthly follow up calls and delivery of products to your door. They will provide you with the necessary product information and guidelines for proper insertion, use and disposal, as well as to offer ongoing care and education. The reassurance offered by these dedicated nurses is Bard Care's way of letting you know that your comfort is paramount.

Bard Care's uniquely designed catheters and accessories give you the freedom to live the kind of life you enjoy while making sure that you are always comfortable and in good health.

Trust Bard Care to bring you great resources, support and products – to your home, your life and everywhere you love to be.

Request a
FREE
Sample!

Contact us at bardcare.sa@crbard.com

Care. Comfort. Choice.™

Please consult product labels and package inserts for indications, contraindications, hazards, warnings, cautions and instructions for use.

Bard and Care. Comfort. Choice are trademarks, and/or registered trademarks of C. R. Bard, Inc. or an affiliate. © 2016, C. R. Bard, Inc. All Rights Reserved. 0216/3698

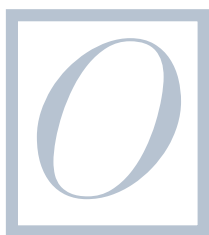
BARD

CARE

THE AMAZINGNESS OF GRACE



The attitude that we bring to our work is a key factor in our overall joy and satisfaction in life



Over the years I have had the opportunity to observe the different ways that caregivers work as well as the attitudes with which they do their work. I have encountered caregivers in various settings – accompanying their wards to meetings and assisting them there, functioning in stepdown facilities and serving in frail-care centres.

What struck me was how many caregivers were completely fulfilled by what they do, and it shows in their attention to detail, their sensitivity and the genuine joy they show while caring. In contrast,

there are some caregivers who appear to do only the absolutely necessary minimum and usually with expressions of sullen dissatisfaction – “I don’t like what I am doing and I don’t want to be here.”

It’s worth noting that the attitudes with which we do things also determine the levels of satisfaction that we derive. Also interesting is that our attitudes are often shaped by our perception of the type of power that we hold. There are many different types of power: the power that comes with our positions in life, the power that comes with our ability to threaten or coerce people and the power behind our ability to manipulate people to do what we want them to do. Without personal power – our inner authority to choose how



we want to execute the powers available to us – all the external forms of power become meaningless.

The essence of personal power lies in our ability to choose. I can choose for coercion and manipulation or I can choose for grace. I can choose for justice and retribution or I can choose for forgiveness. The irony is that the choices that appear to fulfil our desires often leave us bitter and unfulfilled. We desire justice and if we are very angry we desire retribution. But when we get justice and retribution there is seldom a sense of fulfilment. We're more likely to be bitter and disgruntled.

On the other hand we can choose to act with grace; caring, loving, empathic and forgiving.


Let's look at forgiveness. If we seek justice, forgiving removes the chance of getting justice. The same applies to retribution: "I am right, he is wrong and I am going to make him pay." To forgive someone seems to dissolve one's power over that person; "making him pay" flies out of the window. So why forgive? There are a number of good reasons but here are three.

Resentment causes the acid to burn in your stomach; it causes you to lie awake at night, cross because of what was done to you. You suffer but very often the person who you are angry with could not be bothered and just carries on with life! So living in a state of unforgiveness makes you miserable. Forgiveness removes resentment – it makes you feel good about yourself and it takes away the anger.

*“It is fellowship
that allows us to grow,
to develop and to love
and care.*

A better reason to forgive is that forgiveness rekindles fellowship. Forgiveness allows us to pick up the pieces and start again. It's the glue that cements relationships. Without forgiveness we would all be in a state of "me against the rest of the world". We were made for fellowship. Mankind is a community being. Without community we will never be able to become the person we were meant to be. It is fellowship that allows us to grow, to develop and to love and care. The essence of grace is found in the act of forgiveness.

But the best reason to forgive is because it is the nature of God to forgive. So forgiveness is an act of faith; we give the issue to God and carry on with life.

Now to return to those caregivers who live their vocation with grace. Grace is the ultimate expression of personal power: it is knowing that you have the ability to choose and that you choose to care, to love, to forgive. Grace is also the choice that God blesses most by developing it to the full potential that He created you to be. Grace is the essence of the joy that we see in caregivers who care with love and empathy; those who discovered that to add value in life is to add grace to life. 



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



Netcare

Rehabilitation Hospital

Spinal Cord Injury in the Paediatric Community

Spinal cord injury in the paediatric community represents approximately 4% of the total overall incidences of spinal cord injuries (SCI) annually. The majority of spinal cord injuries are as a result of motor vehicle accidents, falls from heights or as a result of sporting accidents. Neurological recovery in children with spinal cord injuries is thought to be better than in the adult population, however the chances of the development of complications such as a scoliosis (sideways curvature of the spine) is higher in the paediatric population.



7-year-old Leigh Faulkner's life was tragically disrupted when she was involved in a motor vehicle accident on the 31st October 2014. She sustained fractures of two vertebrae with complete severing of the spinal cord and resultant paralysis from her waist down. She also suffered serious damage to her intestines, requiring emergency surgery to repair.

Leigh was admitted to Netcare Rehabilitation hospital in December 2014 where she remained for 16 weeks, receiving daily intensive physiotherapy, occupational therapy, medical and nursing care and social/emotional support to her and her family. As her legs were completely paralysed, Leigh had to undergo lots of strength training to enable her arms to do all the work for her legs, such as pushing herself in her wheelchair and transferring from the chair to bed, toilet and bath. Her trunk muscles were also affected by the level of spinal cord injury so balance retraining became a vital element in learning to move herself and perform her daily tasks. Her nutritional intake was optimised and she was started on the bowel and bladder programme that would become a life-long way of allowing her to manage her continence independently. A play therapist was involved in the processing of the emotional trauma and adjustments that she had to deal with post the

incident, while the social worker monitored the psychosocial wellbeing of her family. Leigh's specialist equipment needs were provided for in order to maximise her independence; these will need to be continuously reviewed as her body grows and changes.

Initially completely unable to do anything for herself, though her hard work and consistent family support Leigh was able to perform all her own transfers (including getting from her wheelchair onto the floor and back again) by the time she left rehab. As she gained new skills in therapy she would take these back to her home environment on weekend home visits, so that by the time she was discharged she and her family were well equipped to cope at home. Her family were trained in the unit by the therapists and nurses as to how to help her and what she should be doing at home in terms of her on-going strengthening at home.

Once Leigh returned home to her family the next step was going back to school. This planning was initiated while still in rehab; a change of school was required for logistical reasons but Leigh is now attending the new school, where she has adapted well and is excelling. As this is a school that does not normally cater for children in wheelchairs, the school has made accommodations to meet her accessibility needs. Rehabilitation continues for Leigh, with twice weekly outpatient therapy sessions, one of them in the facilities hydrotherapy pool!

Leigh's sheer determination and strength of character has been paramount in her recovery and her return of independence. She is one of many incredible children who pass through Netcare Rehabilitation Hospital's paediatric unit on their journey to recovery.

Conditions that are treated in our paediatric unit include but are not limited to:

- Traumatic brain injuries
- Near drowning
- Spinal cord injuries
- Guillain-Barre syndrome
- Orthopaedic conditions
- Hydrocephalus and microcephaly
- Burns
- Poly-trauma
- Brain tumours
- Recovery from prolonged illness e.g. meningitis and encephalitis

Services offered at the paediatric unit:

- Intensive acute inpatient rehabilitation physiotherapy, occupational therapy and speech therapy within the supportive hospital environment, in collaboration with the interdisciplinary team of doctors, nurses, dieticians, social workers, psychologists
- Outpatient rehabilitation physiotherapy, occupational therapy and speech therapy services
- Aquatic physiotherapy and occupational therapy
- Seating clinics
- Biodex machine/gait lab
- A dark room for sensory and visual stimulation and modulation
- Augmentative and alternative communication (AAC)

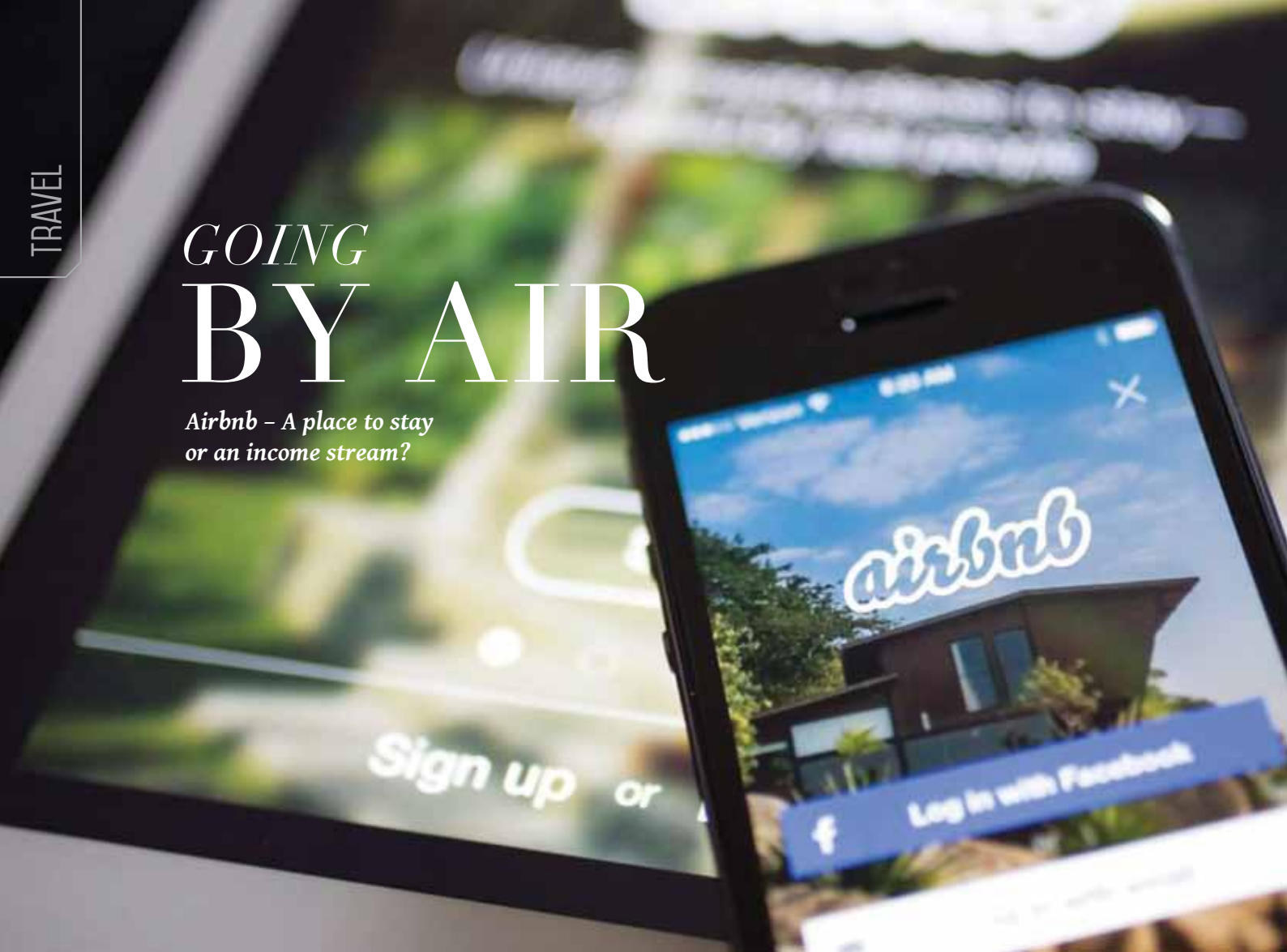
Effective and optimal rehabilitation is best delivered in specialised paediatric rehabilitation units. At Netcare Rehabilitation's paediatric unit; staff are skilled and have a passion for treating children with a variety of conditions. Therapy is mainly based on a neurodevelopmental therapy and sensory integration approach. Weekly goal setting meetings are held within the team to ensure that common functional goals are targeted. Functional outcome measures are used and the scoring is done weekly to track the progress of the patient. Home and school visits are arranged and equipment/appliance recommendations are made during their inpatient stay to ensure maximal function and safe discharge.

The paediatric unit strives for a family centred approach with the aim of the team and family working together in order to achieve common goals. In addition to the child receiving rehabilitation, families are able to share the rehabilitation experience with other families on the same journey as themselves. This can afford an invaluable platform for families to provide emotional support, motivation and encouragement on the path to recovery.

For further information regarding the Paediatric Unit at Netcare Rehabilitation Hospital visit www.netcare.co.za or www.physicalrehab.co.za/auckland-park/paediatric-ward

GOING BY AIR

*Airbnb – A place to stay
or an income stream?*



With our ever-shrinking ZAR and rising costs of living, it's becoming harder each day to find value-for-money travel options. Well, I think I've found the answer. Founded in August 2008 in San Francisco, California, Airbnb is a trusted community marketplace for people to list, discover and book unique accommodation around the world – either online or from a mobile phone or tablet. Airbnb connects people who are looking for accommodation at any price point, from castles to apartments, business or leisure, for a month or a night in more than 34 000 cities and 191 countries. With either the internet or the app you can view and check availability and prices on-line and then make a booking.

There are various criteria that hosts have to meet in order for their listings to be placed on the site; a description and photos are uploaded to give the guests a sense of what is on offer. There is often a set of House Rules that address aspects that will matter to the guests – such as nonsmoking areas or off-limits parts of the property. The hosts set the rules and can block off dates should they decide that they would like a break themselves. They are governed by local regulations and laws.

Some hosts meet you personally, and some offer

a code for your entrance. Some offer breakfast, others are more hands off. Some clean all the spaces that the guest uses and include clean towels, linen and toilet paper. Payments are made via Paypal, direct deposit and international transfer, and the payment is sent to the host 25 hours after the guest checks in.

If you are interested in listing a room in your home, your unused “granny cottage” or your entire house or apartment, consider Airbnb: listing is free. They take a three percent host service fee on each reservation. What you wish to charge is up to you and after you have signed up, Airbnb will give you access to the tools to set a price that factors in travel trends and processes in similar places. You can also make money by inviting friends to Airbnb via email, or share your referral code via Facebook or Twitter, and you can even give gift cards for the friend who has everything!

Worried about damages and liabilities? The Host Guarantee protects your home and items from accidental damage at no additional cost to you. Everything works on trust. Both guests and hosts have a profile with a picture. After a trip, everyone gets a chance to write a review. Reviews keep guests accountable for treating hosts and their homes with respect. As a host, you can check your ratings by accessing the Hosting Standards and reading the feedback from your guests.

You are in control of your calendar and can update it whenever it suits you and you can set minimum and maximum stay periods. It is important to be available to your guests during their stay, whether personally or via cellphone or email.

While Airbnb does offer users the opportunity to search for accessible properties, we all know how loosely the term "wheelchair accessible" is used. It is recommended that, before making a booking, you check which features are available. Here are some categories to consider when discussing access:

- Step-free access to property
- Step-free access to a bedroom
- Step-free access to a bathroom
- Roll in shower
- Grab rails in the bathroom
- Facilities for individuals with a visual impairment
- Facilities for individuals with a hearing impairment

There are some really interesting categories of accommodation:

Trees&ZZZ...Living in the Outdoors...
It Yurts so good....Sleep in a Bus...

Windmills....Castles... Retro Trailers...
Horse Ranches... Back to School, to name a few!

Nicola D'Elia, general manager for Africa and the Middle East at Airbnb, comments: "Airbnb is good news for everyone, providing an economic boost for thousands of South Africans, helping them make ends meet and support their families. Some 27 percent of visitors to Cape Town for example - Airbnb's largest market in South Africa - tell us that they wouldn't have come at all or stayed as long if it hadn't been for Airbnb. Half of those guests spend more money in local shops and restaurants, often following their hosts' recommendations. Even if it's just for a night, staying with local hosts will allow visitors to really live there."



QASA listed their Dave Lewis Lodge, situated in Edenvale, Gauteng, but had to remove it as there were so many requests that it was impossible to keep space for local residents. Maybe we need a second venue!

Why not try it for business travel as well? You can stay near the office or your favourite restaurant and if you are travelling in a business group, you will have a relaxed atmosphere to conduct business after hours.

Visit the website www.airbnb.com and view the properties or get ready to sign up as a host and make some money!

Either way - Happy travels. 



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

RED DUNES, BIG SKY, SOLITUDE

Kgalagadi Transfrontier Park's Kieliekrankie Camp offers access to true wilderness

Regarded as one of the best wildlife and photographic locations on the planet, the Kgalagadi Transfrontier Park in the Kalahari Desert is a breath-taking destination. While there are accessible facilities in the main camps, there are also six wilderness camps, offering exclusive interaction with nature. Fantastically, four of them have units adapted for guests with mobility impairment. Kieliekrankie is one of these... Nestled on the crest of a dune, far removed from the commotion of main camps, this area provides unfenced, amphitheatre-type viewing of a variety of animal trails, all tracking to a watering hole on the plain below.

- children under 12 - Provide own drinking water and firewood - Solar power for lights, gas for hot water - Unfenced - tourism assistant on duty
- Kieliekrankie is accessible by passenger vehicles.



ACCESS ADAPTATIONS

One of the four 2-bed dune cabins is equipped with:

- A paved (and shaded) access ramp, which enables wheelchair users to traverse the dune.
- Ablutions fitted with roll-in shower, shower seat, grab rails and detachable shower hose.
- A single-level interior

FACTS ABOUT KIELIEKRANKIE

- Barbeque facilities on deck - Closest shop and filling station at Twee Rivieren (42km) - Equipped kitchen - Gas fridge / freezer - No additional persons or

HOW TO GET THERE

To enter from South Africa visitors must fly or drive to Upington and then drive the 255km R360 tar road to the park. All roads inside the park are gravel.

More information about Kieliekrankie, Kgalagadi, or the other 20 national parks can be found on the SANParks' website www.sanparks.org. Designated UA units are kept on reserve and can only be booked directly with SANParks on special request. They cannot be booked in advance online until the reserve period has expired. Visitors to parks pay a daily conservation fee to make use of park facilities and enjoy the natural heritage, but if you buy a Wild Card the fee is waived. [2]



www.sanparks.org
reservations@sanparks.org
+27 (0)12 428 9111



www.wildcard.co.za
wildcard@sanparks.org
0861 GO WILD (46 9453)

UNLOCK YOUR INFINITE ABILITIES

Sixteen years ago, ANTHONY KAIRUZ was riding a motorbike in the Magaliesberg mountains when he hit a rock and the unthinkable happened. He shares his story with us




I flew over the handle bars and landed with my entire body weight on the back of my head, breaking my neck. The period after my accident was one of the most challenging times of my life – the first week in trauma ICU, regaining consciousness, only to be welcomed by the complete loss of movement, sensation and control. A dozen tubes were connected to my body. I was being fed intravenously and supplied air by a ventilator. I wanted to scream out for help ... only to find I had no voice.” Kairuz spent 72 days in ICU, eight months as an in-patient at Netcare Rehabilitation Hospital in Auckland Park, and then had to have two and a half years of daily rehabilitation – for eight hours a day.

None of this got in the way of his dream of being a motivational speaker. “When I was a little boy, I had visions of speaking in front of thousands of people. I’ve always enjoyed making a positive impact in people’s lives. I find fulfilment and purpose in enabling others

to unlock their infinite abilities. I started doing a few talks and was soon invited to speak at various companies. The big break came last year when I was invited to share an international stage with JT Foxx. The opportunity to speak in front of 1 000 guests from 51 countries was a dream come true.”

Kairuz completed his degree, as well as his honours in logistics management, after his accident. Oral exams were held with relevant professors. He has also written an ebook, which is being released soon.

He describes himself as “positive, grateful, happy and selfless”. The word “determined” should also have been on that list. Not only did he regain movement in his neck and arms after being told he would never do so, he was driving again nine years after his accident.

Kairuz fulfilled another dream 18 months ago when he got married. He’s not done yet, though. “I want to walk again one day, even if it’s slowly.” 



Heel protection range

Patient tissue ulceration is:

- Expensive
- Vulnerable to infection
- Delays patient discharge
- Can result in amputation
- Can lead to litigation

However - it is **PREVENTABLE!**

FootSafe prevention boot

- The **FootSafe** prevention boot is a low cost high quality product suitable for heel pressure prevention in ‘at risk’ patients.
- The boot is manufactured in uncovered anti-microbial polyurethane and is available in 5 sizes with adjustable anterior lower leg fastening straps, ensuring patient comfort, assisting in minimising movement of the boot and allowing the accommodation of variable sized wound dressings.
- Infection Control is of utmost importance to Prolevo and therefore all models are fully washable to hospital protocol standards.
- Boots are for non ambulatory use only – therefore ‘ideal’ for wheelchair bound patients as well as bedridden.





DHOLLANDIA LIFTING EQUIPMENT

Our vast experience, combined with continuous product development, enable us to offer a stable, robust and foldable platform passenger lift range – with lifting capacities ranging from 250-500 kg. Dhollandia's passenger lifts are mountable on a wide range of vehicles and affords a high degree of passenger and operator safety.

GEA Southern & Eastern Africa

48 Reedbuck Crescent, Corporate Park South, Midrand 1682, RSA

Tel +27(0)11 392 7114, Fax +27 (0)11 392 7000

transport-sa@gea.com

www.gea.com

DEAD WEIGHT

There are various ways to deal with disabling physical trauma to an arm



An injury to where the primary nerves of the arm have been severed results in a condition known as a 'flail arm'. It's a complete lack of mobility and sensation of the arm. An injury that causes flail arm usually involves trauma to the shoulder or neck.

Although blood typically continues to flow through the limb, it is useless and cannot be repaired. The muscles of the arm, chest and shoulder soon begin to waste away and the arm swings loosely at the side like

a literal "dead weight".

Surgeons usually recommend amputation soon after the initial injury but it is understandable that patients choose not to amputate while they are still coming to terms with the trauma of losing a limb.

For many patients, the choice not to amputate a flail arm soon after the injury is made purely for the sake of having an aesthetically pleasing appearance, but from a therapist's point of view it can hold many side effects that include dislocation of the shoulder joint, severe pain, shooting or burning sensation in the arm, development of scoliosis and even musculoskeletal imbalance.

In a study with six patients who suffered complete nerve lesions, it was found that a high level amputation through the arm with an arthrodesis (fusing) of the shoulder joint offered the best functional result, not to mention the relief of the dead weight of the useless arm. In my experience, patients who have undergone the procedure have rehabilitated much quicker and with more success once they have been fitted with a myo-electric prosthesis.

Myo-electric prosthesis, which is controlled by electrical signals generated by your own muscles, offers the ultimate combination of function and natural appearance. With advancements in the field, these prostheses have amazing capabilities, such as elbows that can flex and extend with signals from a pectoral and trapezius muscle or from harness switches.

You can, for example, reach for beverages or food to bring it to your mouth or use the arm as an opposition post to fix objects so that you can manipulate them with your sound arm.

Although amputation remains the decision of the patients and their families, prosthetic technology can offer a whole new world of rehabilitation possibilities especially when it is felt that the patient has not shown sufficient recovery. ^[1]

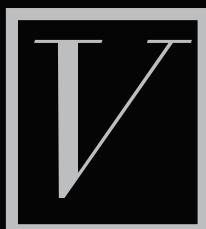


Heinrich Grimsehl is a prosthetist in private practice and a member of the South African Orthotic and Prosthetic Association (SAOPA). email: info@hgprosthetics.co.za



A STEP AT A TIME

Becoming depressed is not a sign of weakness – there are sound reasons for depression. CLAIRE RENCKEN looks at ways to combat it



Various approaches exist to overcoming depression, which is a condition that many of us suffer from. The key to recovery, however, according to the *HelpGuide.org* website, is to start with a few small goals and slowly build from there. Draw on whatever resources you have. You may not have much energy, but you probably have enough to take a short walk around the block or pick up the phone to call a loved one.

Take things one day at a time and reward yourself for each accomplishment. The steps may seem small, but they'll quickly add up. And for all the energy you put into your depression recovery, you'll get back much more in return.

HelpGuide.org offers the following five self-help tips:

Cultivate supportive relationships

Getting the support you need plays a big role in lifting the fog of depression and keeping it away. On your own, it can be difficult to maintain perspective and sustain the effort required to beat depression, yet its very nature makes it difficult to reach out for help. While isolation and loneliness can trigger or worsen depression, maintaining emotionally close relationships can be instrumental in overcoming it.

Get moving

When you're depressed, just getting out of bed can seem like a daunting task, let alone exercising. However, exercise is a powerful tool for dealing with depression and for preventing relapse.

Eat a healthy, mood-boosting diet

What you eat has a direct impact on the way you

feel. Reduce your intake of foods that can adversely affect your brain and mood, such as caffeine, alcohol, trans fats, and foods with high levels of chemical preservatives or hormones (such as certain meats).

Do things that make you feel good

Choose to do things that relax and energise you. This includes following a healthy lifestyle, learning how to better manage stress, setting limits on what you're able to do, and scheduling fun activities in your day.

Challenge negative thinking

Depression puts a negative spin on everything, including the way you see yourself and your expectations for the future. While you can't break out of this pessimistic mind frame by "just thinking positive", try to stop being so hard on yourself. Challenge your negative thinking.

WHEN TO GET PROFESSIONAL HELP

If you've taken these steps and made positive lifestyle changes but your depression is lingering, seek professional help. Needing additional help doesn't mean you're weak. Sometimes the negative thinking in depression can make you feel like you're a lost cause, but depression can be treated and you can feel better!

In the words of Stephen Hawking:

"Black holes ain't as black as they are painted. They are not the eternal prisons they were once thought. Things can get out of a black hole both on the outside and possibly to another universe. So if you feel you are in a black hole, don't give up – there is a way out."

THIRD WINGS FOR LIFE WORLD RUN RAISES MILLIONS FOR SPINAL INJURY RESEARCH

Thousands of South Africans joined the world to run for those who can't




he Wings for Life World Run, which took place on May 8 from Supersport Park in Centurion, was a day of camaraderie, fun and achievement. Some 130 000 runners around the world in 34 countries, including 2 300 runners in South Africa, both able-bodied

and with a disability, hit the road at the same time, all being chased by the catcher car. Each individual set their own goal for how far they hoped to run before they were caught. Spirits were high, although bodies were tired, as the catcher car closed in and runners tried to sprint for a few extra metres before their race came to an end.

Once caught, participants were loaded onto buses and transported back to the stadium where the festivities continued. Huge TV screens showed what

was happening in the other countries around the world as participants raced against each other on different continents. The global winner for 2016 was Giorgio Calcaterra in Milan, Italy, after he ran 88.44km.

The full 100% of all entry fees go to the Wings For Life Spinal Cord Research Foundation, which has a single mission – to find a cure for spinal cord injury. This year nearly R112 million (€6.6 million) was raised at this event around the world. The event will take place next year on May 7 – and it's not to be missed. 



JHB, CTN, DBN, PE, PTA & Rivonia . 0860 23 66 24 . www.cemobility.co.za

Wheelchairs



Walkers



Scooters



and
much more

Visit one of our 6 branches nationwide
& let our specialists help you find
YOUR freedom!

Congratulations to Michelle Rosewall, winner of our
"Live without limits" competition.



ADVICE FOR FIRST-TIME HOME- BUYERS

If you've just decided to buy your first home, you'll need guidance through this exciting venture. CLAIRE RENCKEN investigates



urchasing a new home is one of the biggest financial investments you'll ever make, and no doubt you'll have many questions regarding the process. Figures state that over 90 percent of first-time home shoppers start their property search online.

National property websites like Private Property offer the widest selection of property all hosted in one place.

The top real estate agents, banks, property developers, lawyers and homeowners all list their properties on portals, so this is a great place to start. It is really important that you get as much information about the area and the properties that are available in your price range before you make your move.

Property websites have useful resources like photographs, floorplans, virtual tours, detailed descriptions and property trends for you to use and even though they don't provide information about accessibility, you can get a very good idea from the pictures. Portals also allow you to set up electronic alerts, which will be sent directly to you advising you of properties that match your needs.

Prior to house hunting, you also need to consider your individual housing needs, as well as those of

your family – or future family! Is the home centrally located, or at least within manageable distance of work, grocery stores, doctors, schools and pharmacies? Most importantly, is the area relatively safe and secure?

Once you have done your research and are ready to look at the property, arrange a viewing. It's a good idea to let the agent know in advance that you have a physical impairment, to avoid an unnecessary waste of time. You should go prepared, take a camera and maybe even a tape measure with you. The camera will help you to remember details about the property later and the tape measure will allow you to judge whether your furniture will fit. Try to arrive early for a viewing so that you have time to explore the neighbourhood, chat to locals and identify any potential issues.

Also important to bear in mind are the costs and fees associated with purchasing your new home. You will be required to pay the transfer fees to the lawyer, and a transfer duty that is a tax on the sale of the property that goes to the government. Getting a loan for the total purchase price of the home is rare, so you will have to factor in your deposit on the home, and you'll also have to consider moving costs, homeowners' insurance, electrical and water connection fees and rates on your property.

Banks and bond originators offer some pointers for



first-time home-buyers and it is advisable to get yourself “pre-approved” by one of the larger originators, such as Betterbond or Ooba. Before you set your sights on buying the home of your dreams, it is important to establish whether you are ready to make such a big, ongoing financial commitment.

Once you have found the property that your heart is set on, the next step would be to make an offer. This is a normal process and you should not be concerned about insisting that the agent submit an offer, even if it is lower than the asking price. Most homes sold in South Africa sell below their listed price.

Once you’ve decided on how much to offer, you need to formalise it with an offer to purchase (OTP). The OTP is a valid contract relating to the sale of the property. It contains all the terms and conditions of the property transaction. An OTP, once signed by buyer and seller, constitutes a deed of sale.

Because the OTP is a legally binding document, once signed, it is advisable to get an attorney to go through the document with you and explain anything that you are unclear about. Most conveyancing attorneys


will be very happy to help you with the offer to purchase and hold your hand through the process if they are the nominated conveyancer to transfer the property.

Once the seller has accepted your offer, you will need to approach a bank or mortgage originator to apply for a bond, if you have not already gone through this process beforehand.

Koenraad Burger of SARS explains that although there is no tax rebate for people with disabilities when they purchase a home, there is a tax rebate available should they decide to do modifications to their home in order to make it more accessible.

Justin Clarke, the executive chairman and founder of Private Property, who is also a paraplegic, offers the following advice: “To put it simply, renting a home seems to make sense in the short term, but over time rentals will increase at a rate above inflation. So you pay a lot more over time and have no security. The landlord may decide to sell or not renew your lease for any reason and it is difficult to convert the house to meet your special needs.



“If you own your own home, on the other hand, you will enjoy fixed payments (subject to interest rate fluctuations) and the value of your investment over time will beat inflation. Not only is it a great investment and a forced saving, but you can modify the house to meet your special needs. Being able to knock out walls, modify bathrooms, build ramps and even add a lift will increase your quality of life and you will be able to claim back the costs from your taxes. You are also providing yourself and your family with security for days when you are not able to earn an income.” 

LOCAL HERO

A whole-hearted commitment to UA has propelled Stellenbosch Municipality into the forefront of positive change



Since the beginning of 2016, Stellenbosch Municipality (SM), in conjunction with UDAfrica, has hosted two “Creating a Common Understanding” workshops to spread the understanding of the paradigm that is Universal Access (UA) to all the councillors and

Top 40 Municipal Management team. Together they have also hosted about 10 working-group meetings to assist in applying UA within all spheres of SM, from the financing department to Parks and Cemeteries. SM has also changed its entire “Disability Policy”, with the assistance of UDAfrica, to be inclusive of diverse users and not specifically related only to people with disabilities. It is now called the “Universal Access Policy” – a first in South Africa.

SM has secured detailed training for its Building Control Officers to upskill this department on the technical requirements of UA in terms of the National Building Regulation requirements (SANS 10400 Part S of 2011). In addition, on February 11, Executive Mayor of SM Alderman Conrad Sidego as well as Acting Municipal Manager Richard Bosman signed a commitment to UA, which stated the following:

“As a result of the understanding of the broader concept of Universal Access, of which all people are beneficiaries, the following representatives of the Stellenbosch Municipality hereby declare a commitment to the incorporation of the principles of Universal Design, to the best of their abilities, to all departments, facilities and areas of service delivery within the municipality, and to affect positive change wherever possible.”

In summary, SM has started integrating UA into its



Signing of the Universal Access declaration at Stellenbosch Council Chambers in February 2016.

policies and frameworks; it has sought to implement comprehensive training; and it has reviewed its methods of operation. How did it achieve this while juggling budget constraints and handling the demands of everyday functioning?

The secret is buy-in through understanding. Once key people understand the importance of incorporating UA into a system, the initiative takes on a life and energy of its own. A passion from within needs to be created and, once engaged, it is difficult to stop.

The result for SM is that it has an effective and targeted implementation plan to uphold its values (Integrity, Accountability, Respect, Excellence and Innovation) and fulfil its vision to be the Innovation Capital of South Africa.

A special thanks to Michelle Aalbers and her team for their passion and drive regarding UA. 



Universal Design Africa (UDAfrica) sees universal design as a vehicle to create and enhance the functionality of environments, services and products for the widest range of users, recognising the diversity of the human condition. The UDAfrica team aims to create awareness, disseminate information and improve lives.

DON'T MISS OUT!

Be sure to diarise these important upcoming events

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

Birchwood Hotel & Conference Centre,
Johannesburg

AUGUST 14 BIDVEST UNITY WALK

Wanderers Stadium, Johannesburg

SEPTEMBER 2 CASUAL DAY



MEDIC MAZE

Attempting to decipher the jargon-ridden maze of a medical aid policy is a challenge for anyone. LIANA REINERS reports

Throw in the word “disability” and it becomes somewhat akin to solving a Rubik’s cube while blindfolded and wearing boxing gloves. The good news, however, is that medical aids in South Africa are fairly advanced and many offer excellent cover for clients with a disability – but you need to do your research to find the one that best supports your particular condition.

Most medical aids in South Africa won’t charge an inflated premium based on disability: if the person is healthy, under the age of 35 and has no chronic illness, the premium should be no different to that of a person of similar age and health who does not have a disability.

The majority of people living with disabilities are as healthy, or more so, than those not living with a disability. The catch, however, is the cost associated with essential equipment, procedures and treatments that can be required. In addition, some people will be more susceptible to accidents, illness and infection – and all of this should be kept in mind when you’re wading through the fine print.

Today, the high costs of any type of medical care mean that medical aid has become a basic necessity. If someone who is already on medical aid should become disabled in some way, most medical aids will cover the associated costs. Even if you decide to change medical aid providers, there should be no waiting period and in most cases the cover will continue uninterrupted.

If, however, a person who is not on medical aid becomes disabled and then joins a medical aid, there is

likely to be a waiting period before the medical aid will start covering claims. In most cases they will not cover equipment or medication for a pre-existing condition within the first year of membership – this applies to all conditions and is not purely related to disabilities – but it varies so be sure to check the timeframe when comparing. Keep in mind that certain expenses that are not covered by the medical aid during the first year can often be claimed via tax returns.

The biggest concern for people who join a medical aid only after they become disabled is that medical aids will not pay for any surgeries related to rehabilitation. In the case of persons who were already on medical aid, the medical aid will likely cover the majority of such procedures.

Local medical aids will also not cover any costs related to experimental procedures or treatments that are not yet available in South Africa. They will not pay for overseas medical procedures.

If you have medical aid in place but are still considering overseas treatment at your own expense, it is advisable to discuss this with your medical aid. Most medical aids will not cover expenses resulting from unauthorised procedures and will not accept new clients who have become disabled due to a medical mishap.

So in a nutshell: the sooner you get onto a medical aid the better, but you should take the time to compare the different medical aids and find the one that best suits your needs. If you’re already on medical aid, there is nothing wrong with shopping around to see if you can find more comprehensive cover elsewhere. Just take time to slog through the fine print and remember that you can never ask too many questions. *[R]*



SEXY SURPRISE

With a little planning, there are lots of ways that you can have unexpected fun in the bedroom!



PARK YOUR SEXUAL SENSES

Get a massage, take a bubble bath, read a sexy story or watch an erotic film. Better yet, do it together.

STASH A SEX KIT UNDER YOUR BED

Fill it with your favourite toys, oils, reading material, movies, lubricants, condoms, and so on, for ready access.

COSY AND CLOSE TOGETHER

Don't be afraid to sit close, maybe even on his or her lap. Affection breeds intimacy, which, in turn, makes for better, hotter sex.

THINK YOUNG ... AND HOT!

Tonight, act like teenagers and make out on the couch, in the car or at the movies.

LOVE IN AN ELEVATOR

The next time you and your partner have an elevator to yourselves, make out like crazy, or at least until the doors open.

SHARE THE GREAT OUTDOORS

There are many parks and trails that are wheelchair friendly. By being outdoors, not only are you stimulating your senses — but also your sexuality. Maybe you'll even find a private spot to explore!

SAY IT WITH SOAP

Using a toothpick, engrave an invitation to a bubbly bath or a sexy shower on a bar of soap. Then leave the soap on the bathroom sink and wait for the RSVP.


FLEX YOUR FLIRTING MUSCLE

Tease your partner with a racy comment or a come-hither stare, even when a lovemaking session isn't on the cards.

STOCK UP ON APHRODISIACS

Make a special shopping trip for the food and drink that make you and your partner hot, then host an intimate tasting.

HAPPINESS ON A CRACKER?

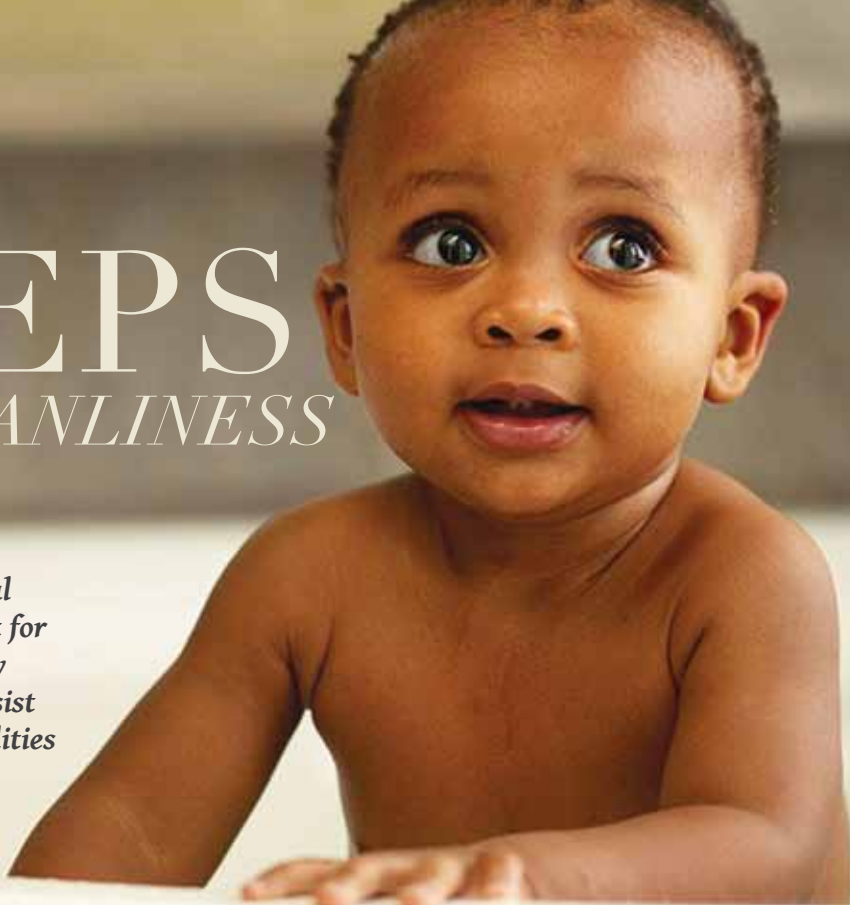
Cheese, apples and almonds all contain phenylethylamine, a natural chemical that makes us feel good. So how about sharing a nice fruit-and-cheese platter tonight? 



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

STEPS TO CLEANLINESS

Maintaining personal hygiene is important for everyone. Here's how to encourage and assist children with disabilities to do so



ome children with disabilities experience difficulty performing everyday activities of daily living (ADLs), such as dressing, mobility, positioning, transfers and personal hygiene.

It can be a challenge for them to wash their hands or bodies independently and they might require support or assistance. While it may be easier and quicker to assist a child, we need to encourage children to be as independent as possible. Bathrooms are often the most dangerous areas of the home or school, and it is important to be aware of potential hazards.

PROMPTING


Some children require verbal cues from an adult to remind them of the steps they need to follow. An alternative is to use a sequence of pictures or simple sentences to remind children of the steps. For example, if a child has difficulty remembering or following the steps in washing their hands, you could select pictures of a bar of soap, tap, water, hands and towel. You could take photos of these objects and print them, or find them and cut them out of a magazine or sales advertisement, or draw your own pictures. Show the child the picture, ask them about each object, and discuss the steps you need to follow (i.e. first we open the tap and wet our hands. Then we take the bar of soap and lather our hands. Then we rinse our hands under the water. Then we dry our hands on the towel.) Put the pictures in a sequence and place them above the sink or basin where the child washes their hands.

MAKING THE BATHROOM ACCESSIBLE

Helpful modifications include:

- A bench placed in the bath or shower to sit, rest or lie on
- Grab bars
- Hand-held shower
- Hoist or lift
- Roll-in shower
- Roll-in shower chair
- Shower chair
- Transfer bench
- Non-slip mat and flooring
- Long-handled lever taps
- Long-handled brushes and sponges
- Squeeze bottles and soap pumps (rather than bars of soap)
- Containers secured with suction pads, Velcro or mounted directly on the walls
- Cut-out or roll-under basins, which provide room for legs while in a seated position (pipes should be covered or insulated to avoid leg burns).

The issue of safety needs to be addressed at all times. We've probably all heard horror stories of children being burned in shower that is too hot or falling into buckets of water. Children should be supervised when near water. For example, they cannot always judge the temperature of the water. Some children with disabilities require extensive physical assistance and cannot sit or stand independently in the bath or shower.

If possible, offer the child options and let them select whether they would like to bath, shower, have a bed bath or sponge bath, use certain products, or have a male or female to help them. 



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

PLAY ON



A personal look at a sporting great, a renewed sports endeavour – and the imminent Paralympic Games in September!



t's time to acknowledge an absolute sporting legend – Super Piet, aka Pieter du Preez. For those who do not know him, he is a C6 Quadriplegic. He made world and Ironman history in December 2013 by becoming the first quadriplegic in the world

EVER to complete a full Ironman event, finishing in a time of 13h24 – and that was six weeks after he broke his forearm. It is well worth watching this short summary of his race: <http://www.youtube.com/watch?v=3n5rCZBJfY>.

Over and above this, he is also a world-class hand cyclist and Para athlete. He was also a finalist for the Laureus Sportsman with a Disability award 2015 (and in my view he was unlucky not to win it).

He is an inspiration to quadriplegics all over the world.

I think his amazing wife Ilze says it best: “Pieter has become a true champion and big inspiration in not only South African circles but all over the world. He is constantly contacted by other quadriplegics worldwide, inspiring them to also believe that there is so much more that they can do not only in the sports arena but also in daily activities. He helps them and patients in Rehabilitation centres via social media and video demonstrations to become more independent in

their daily tasks. He also does motivational speaking for charity and corporate events. He is an ambassador for the Wings for Life World Run, which is a massive global event raising funds for spinal cord research.” (See our article on this event elsewhere in this issue.)

Pieter is one of those people who make you really proud to be a South African – a true ambassador for this country and for people worldwide who are living with disabilities. An inspiration and motivator extraordinaire, I salute you, sir.

Now for my passion, Wheelchair Basketball. The Supersport Series for 2016 has begun and, at 45 years old, I thought it would be a good idea to play again. Man, I must have been mad: I almost died after my first game, but I’m slowly regaining my fitness and strength and starting to feel like I can make a difference in the league and help some of the youngsters with their game. Please follow it on Supersport and don’t laugh at the old man trying to be a hero...

On another note, Rio is almost upon us! There has been almost constant negative media about the Games – Zika, water quality, construction of venues being delayed etc – but remember we had a negative press in the build-up to the FIFA 2010 Soccer World Cup too, and yet we delivered the best World Cup ever. I have faith in Rio 2016 to do the same. Let’s get excited instead of being pessimistic, and as before let’s back Team South Africa for Glory #teamSArise. ^[2]



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.

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!

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)

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**.

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](https://www.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.

BABY ON BOARD

There's no reason why SCI women shouldn't have healthy babies – but there are a few things to bear in mind



Are you a young woman with spinal-cord injury (SCI), perhaps already married and wanting to start a family? Then this article is for you. SCI does not prevent healthy young women from having successful pregnancies, labour and healthy babies.

Journal articles suggest that, increasingly, SCI women are delivering healthy infants. Of course, there are issues to be taken into account. But you don't need to be put off – you just need to equip yourself with knowledge beforehand, so that you can manage any complications that arise.

First of all, note that SCI does not affect fertility in women. After an acute injury there may be some time – anywhere between a few months to a year or more – where menstruation (amenorrhoea) does not occur. However, when normal monthly cycles return, fertility is unaffected, so adequate contraception is important if you don't want to fall pregnant.

AUTONOMIC DYSREFLEXIA

Probably one of the most serious complications of pregnancy is the potential for autonomic dysreflexia (AD). AD essentially is a life-threatening complication in some SCI persons with a lesion at or above T6, causing dangerously high blood pressures which may lead to stroke. Various stimuli (including pregnancy and breast feeding) can trigger severe AD. It is vital, if you suffer from AD and become pregnant, that a gynaecologist and obstetrician with some insight to AD is advised. Your gynae might never have heard of AD – if so, get them to contact your rehab doctor for advice.

Labour and childbirth can be complicated by AD attacks so they require analgesia – either a spinal

epidural or general anaesthesia. Remember too that if you have a high lesion, breastfeeding can trigger AD. Women who have lesions above T6 are generally also unable to breastfeed due not only to AD risk (if present) but also due to the lack of adequate breast milk production due to disturbed autonomic control.

INCREASED RISK OF UTI

Pregnancy in an SCI woman carries a higher risk of urinary tract infection (UTI) than for an uninjured woman. For women on intermittent catheterisation (IC), it may become difficult to continue IC due to increasing abdominal girth. In addition, the growing foetus will push on the bladder, reducing capacity and increasing the risk of leaks. An indwelling catheter may be required in the later phases of pregnancy.

CONSTIPATION


Just as the bladder routine may become difficult, so could the bowel regime. The pregnant woman may have to increase laxative use if constipation becomes problematic.

HIGHER INCIDENCE OF DVT

The risk of deep vein thrombosis (DVT) for an SCI person is higher than for the uninjured person. Pregnancy in SCI further increases that risk. You should take any lower limb swelling seriously, as a DVT may occur.

PRESSURE SORES

As the woman's weight increases, so does the risk of pressure sores.

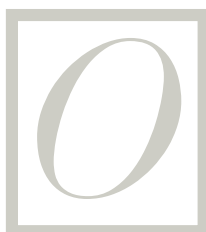
In summary, women with SCI are able to fall pregnant and have healthy babies, but there are challenges to consider. Follow up with your rehab doctor as well as a gynaecologist. 



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

SEE ME

Overcoming prejudice in the workplace is an important step towards ensuring the fair treatment of all employees



One of the greatest barriers to the employment of people with disabilities is not the physical access to business premises (although that remains a major issue), it's attitude.

Fear, ignorance and stereotypical views contribute to the discrimination against people with disabilities. Very often, the discrimination is not intentional; it stems from ignorance, rather than malice.

As part of its "Promoting the Right to Work of People with Disabilities", the South African Human Rights Commission has published an excellent Toolkit for the Private Sector to assist organisations to fully integrate people with disabilities in the workplace.

This document should be compulsory reading for organisations wanting to build inclusive workplaces with full participation by people with disabilities, as well as by people with disabilities wanting to reach their full potential in their careers. The full toolkit is available on the SAHRC's website (www.sahrc.org.za).


SAE4D agrees with the SAHRC's belief that even the best and most progressive affirmative action policy within an organisation will only be successful if prejudices and unconscious bias are addressed first.

Any strategies aimed at addressing issues of disability inclusion and diversity must necessarily include all stakeholders who affect the culture and functioning of a workplace, including the board of directors, management, line managers, supervisors, employees and service providers or suppliers as well as regulators or government authorities. By involving all stakeholders, an organisation stands a better chance of successfully incorporating disability-inclusive policies and practices in the daily operations and culture of the business.

Of course, employees with disabilities themselves should also be extensively involved in any process meant to benefit the company. They also need to provide input to the proposed ways to overcome common attitudinal, operational and other barriers standing in the way of their integration in the workplace.

Attitudinal barriers include, but are not limited to:

- Inappropriate focus: focusing on a person's disability rather than abilities.
- Superiority complex: seeing or perceiving an employee with disability as a "second-class citizen" and therefore not deserving of equal rights.
- Pity syndrome: feeling sorry for an employee with a disability and consequently adopting a patronising attitude.
- Unfounded fear: being afraid of offending an employee with a disability by doing or saying the wrong thing and thus avoiding them.
- Diminished expectations: tending to regard an employee with a disability as being incapable of meeting job requirements.
- Stereotypical views: seeing disability as implying stupidity or slowness. People with disabilities are perceived to be able to do only basic, unskilled jobs.
- The "backlash effect": believing that an employee with a disability receives an unfair advantage because of their disability.
- Assumed drop in productivity: generally assuming that people with a disability require more support in the workplace, which will reduce the productivity of other employees.

The best remedy is to encourage people with and without disabilities to mingle as colleagues. 



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

HOPE-MANDEVILLE DISABILITY CAREERS EXPO

The fifth version of this annual event took place at Hope School in Westcliff, Johannesburg, on April 13 and 14. A joint venture by Hope School and Mandeville Disability Swimming, the

was by Moekie Grobbelaar – deputy director in sport and recreations, region 5, Pretoria. Grobbelaar, a former Paralympic athlete, addressed some of the practicalities involved in hiring people with



exhibition's focus is to help launch youngsters with disabilities into careers that are right for them through formal employment, jobs, learnerships or bursaries.

This year, the opening address on the first day

disabilities, such as ensuring that the work environment is truly universally accessible.

Paddy Slattery, who was instrumental in starting the exhibition in 2012, says the event has gone from strength to strength.

JUST FOR GIGGLES



Reproduced with the kind permission of Fleet magazine.

RMA OPENS CARE FACILITY IN WELKOM

On April 18, a brand new state-of-the-art Rand Mutual Assurance (RMA) care facility for pensioners and beneficiaries with occupational injuries was officially opened by Labour Minister Mildred Oliphant, in the city of Welkom in the Free State.

The 120-bed custodial and care facility brings to realisation a long-cherished dream of Rand Mutual Assurance (RMA), a non-profit mutual assurance company founded more than 120 years ago, with the purpose of administering workers' compensation for mining industry employees injured in the course and scope of their employment.



The opening event, which was hosted at the facility, was attended by dignitaries from the Department of Labour, Department of Health, the Office of the Compensation Commissioner, executives representing several leading companies, The Chamber of Mines, organised labour, as well as the chairman and board of directors of RMA. A number of RMA beneficiaries were also in attendance.

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

DAVID LEWIS LODGE

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

**WANT TO SELL OR
SWOP OLYMPIC AND
PARALYMPIC SPORT PINS?**

Contact Fergus Harmsey on
084 516 8452 or
harmsef@eskom.co.za

Easy Drive
Your Freedom to Drive

Cell: 082 452 4639
Tel: (021) 851 9592 | Fax: 086 685 7394
Address: Nobel Park Unit 6, Nobel str 9
The Interchange, Somerset West 7130
www.easydrivewc.co.za

Sole Importers of Guidosimplex driving aids from Italy

- Imports of Drive from wheelchair vehicles
- Automated Clutches • Wheelchair hydraulic lifts
- Lowered platform conversions • Wheelchair Carriers
- Hand controls for driving cars by persons with disabilities

IN OUR NEXT ISSUE!

An eight-page **MOBILITY** feature, which will include not only motor vehicle information, but also the latest information on all aspects of transport for both everyday living as well as leisure pursuits.

Don't miss out on the opportunity to advertise in this bumper feature and reach thousands of potential customers.

For more information, please contact Elsie van Wyk on (011) 782 1070 or elsie@charmont.co.za



TWO MONTHS' WALK OF UNBELIEF

Life's negative experiences can be turned into something both positive and self-affirming



I was sitting at home one evening minding my own business when suddenly I received a distressing phone call. Our office was being restructured and I was one of the people affected. But what was traumatising was that I was instructed to submit my resignation letter the next day and start serving my one month's notice. How do you terminate my contract and then ask me to resign? How does that happen? I sat there in disbelief. The next day I didn't submit the letter because I felt I needed more time to think about it all. Like most people I too have responsibilities. I have bills to pay and a future to think about. Having a disability is a very expensive lifestyle and something not to be taken lightly. That was the beginning of a long and upsetting two months of my life. Long story short: my matter is now under dispute.

Three weeks later I fell ill. I was emotionally and mentally exhausted. Sitting in my doctor's room, all I could do was cry. My doctor referred me to a psychiatric hospital to be treated for depression. I've never in my entire life been treated for depression.

As a qualified trauma counsellor, I've always managed to pull through every hard situation. But this time around, the emotions were heavier than I thought. There I was, admitted to be treated for a mental illness.

In time, I came to realise that depression is not a natural disease. It is not an inevitable part of being human. Like many diseases, depression is a disease of civilisation, caused by a high-stress, industrialised, modern lifestyle that is incompatible with our genetic evolution.

The whole process left me feeling emotionally bullied. However, even though being bullied is an awful thing to go through, it can also be a great opportunity! I decided to use bullies as motivators to define my own self-worth. Life's challenges should not paralyse you. Instead, let them help you discover your potential and use them to cultivate personal growth. Be strong but not rude. Be kind but not weak. Be bold but not a bully. Be humble but not timid. Be thoughtful but not lazy. Be proud but not arrogant. Have humour without folly. Don't concern yourself with other people's opinions. The opinions that come from other people have nothing to do with you. Whatever people think of you is really about the image they have of you, and that image isn't 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. **Rolling Inspiration** strives to create infinite options for an active life despite mobility limitations by giving readers the right tools, information and solutions.

Subscribe online at www.rollinginspiration.co.za or complete this form and fax to 011 782 0360 or email to bev@charmont.co.za. Your subscription also gives you access to the online version of the magazine. Create your account at www.rollinginspiration.co.za.

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: _____





Join us on our cyberstoep

A stoep, stoop, porch, veranda or portico (whatever tickles your colloquial fancy) is loosely defined as a roofed platform along the outside of a house, level with the ground floor. It is, however, more than that ...

It's a place where you can enjoy a sundowner after a hard day's work, a place where you kuier with friends and discuss whatever is on your mind, or where you cuddle up with a good book on a glorious day. It doesn't have to be a physical place, built out of bricks and mortar either ...

Charmont Media Global has its very own CyberStoep, where all these activities are happening digitally. This website aims to entertain as a flock of journo's review, give their opinion and write about absolutely anything and everything under the sun.

This "diversity" is exactly what sets the Stoep apart from other lifestyle websites; here there is no topic too controversial, place too far flung or product too scarce that it can escape our Stoep's chitchat.

CyberStoep may well be the perfect platform for your brand to reach a wide range of readers, educate and influence them to become loyal clients. With the addition of the weekly CyberStoep newsletter that will be sent to a large database of subscribers each week, the traffic is set to increase dramatically over the next few months.

Catch more at www.cyberstoep.co.za

Stoep content manager: Gavin Myers – gavin@charmont.co.za

Stoep advertising contact: Nomfundo Mbatha – nomfundo@charmont.co.za

SOLUTIONS FOR YOUR NEEDS



Innovation. Expertise. Quality.

Barrier-free building with GEZE means taking into account personal wishes and individual requirements without creating obstacles – in a flexible and dynamic way, and especially: without compromise.

Door Technology | **Automatic Door Systems** | Window Technology | Safety Technology



BEWEGUNG MIT SYSTEM