



ROLLING INSPIRATION

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The thought leadership publication for people with mobility impairments

SOCIAL INNOVATION WINS!

SAB Foundation rewards
disability solutions

FROM PARA TO DAKAR

The Joey Evans story

EPIC OFF-ROAD ADVENTURE

Quads 4 Quads 2016

STEM CELLS AND SCI

Could this treatment help?

HELPFUL PAWS

The benefits of service
animals

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INNOVATION WINS!

The SAB Foundation Social Innovation Awards and the Disability Empowerment Awards were recently held in Johannesburg. We bring you the highlights. **P6**



STEM CELLS AND SCI

The environment of the spinal cord changes drastically after an injury. Could stem cell treatment help? **P9**



HELPFUL PAWS

Over the past few years, the activities in which service animals, especially dogs, are trained to assist people with mobility impairments have expanded drastically. **P12**



NO MORE FLY-BY-NIGHTS!

South Africa is notorious for many "garage" and "pop-up" companies that sell medical devices. Now these devices will be regulated. **P16**



JOBURG TO DURBAN ... AND BACK AGAIN ... IN THE DIRT

Quads 4 Quads: four days of off-road riding from Johannesburg to Durban, and then another four days back again. **P20**



DARE TO DREAM

Nine years ago, Joey Evans broke his back in a motorbike race. Now he is preparing to race against able-bodied riders in the Dakar Rally in January. **P24**



A WORKABLE SPACE

If you have a child with impaired mobility, you'll want to ensure that their environment suits their needs. We explore the subject of adapted furniture. **P27**



LOOKING AHEAD

South Africa participated in this year's Universal Design Conference in York in the United Kingdom. What can we learn from this? **P29**

REGULARS

Upfront	2	Sexuality	25
Readers say	4	Rolling Kids	26
QASA news	8	Amputee corner	28
Ida's corner	13	Accessibility	29
Travel	17	Classifieds	31
Medically speaking	19	Backchat	32
Employment	22	Subscription form	32



CONTENTS

AN ETHICAL CULTURE

QASA is not only an efficiently run organisation; it also puts human rights at the forefront of its activities



All organisations have ethical frameworks that influence the manner in which they operate. It is their way of how they go about their business. This way of doing things gets carried over and passed on to newer members who join the organisation. It develops into a culture trait of the organisation. It is not necessarily a set of formal rules that are legally binding, but it develops out of various principles, guidelines and certain values that people embrace. I have been a member of the Quadpara Association of South Africa (QASA) for a number of years. I am proud to acknowledge it and I strive to live up to the ethical framework of QASA.

The values of QASA include Dignity and Respect; Compassion and Understanding; Advocacy; Growth and Development; Transparency; Accountability; Equity. These values are very much in line with the principles of Ubuntu. It is visible in the community involvement and participation of the association in all the regions. But QASA is also a co-ordinating, policy-making, governing and supporting organisation. It strives to prevent spinal cord injury, as well as protect and promote the interests of people with mobility impairments by formulating a national policy and strategy, to develop and ensure the full potential and quality of their lives. It's an ethical, human rights-based framework. It is this part of the work of QASA that I feel is most valuable to people with disabilities.

QASA and other like-minded organisations fulfil an

important need in our community. We board members are responsible for overseeing its operations: we are responsible for maintaining the commitment to our organisation's mission, establishing our strategic direction, ensuring our compliance with all applicable legal requirements, and maintaining our organisation's financial well-being. This involves a great deal of responsibility. It is also vitally important that all

“I strive to live up to the ethical framework of QASA.”

people with disabilities choose suitably qualified organisations that will represent all that they believe in – organisations that they can be proud of, which will enhance their experience of disability.

I chose QASA. This is because QASA is being managed by people with disabilities who advocate for the rights of people with disabilities.

I encourage everyone to recognise and interrogate the ethical frameworks of organisations, find a special place in the community and serve it, while making a difference in the lives of people with mobility impairments in South Africa. ^[1]



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



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With Christmas coming up, we thought it only fitting that we fill a few people's stockings! Happy holidays to all our loyal readers and social media followers.

CANON PHOTO COMPETITION WINNER

It gives us great pleasure to announce that the winner of the EOS 1300D camera and EF-S 18-55 DC lens, to the value of R5 999, from Canon SA, is Grant Oosthuyzen!

This guy does not let the fact that he is a wheelchair user hold him back in any way. From doing a photo shoot with two gorgeous ladies and boarding the Mercy ship to check out the world's biggest floating library to going down the waterslide at Bushmen's Neck, he goes everywhere and anywhere.

Well done Grant! We really hope you will be able to take many more wonderful photographs with your new camera.



Canon

THANK YOU SPAR

Johann Meintjes, the winner of our R1 000 Spar shopping voucher, was thrilled with his prize and couldn't wait to spend it. He raced off to the nearest Spar and sent us this happy picture.



YET ANOTHER WINNER!

We recently ran a competition on our Facebook page in conjunction with Liebherr-Africa. The prize is a fabulous UIK1550 carriage drawer fridge valued at R18 990.



- Food can be stored securely with easy access in the practical pull-out compartments and fully extendible drawer.
- SoftTelescopic technology provides convenient and reliable self-retraction with soft closing.

And the winner is ... Martha de Beer. Congratulations! We do hope your fabulous new fridge will keep all your Christmas treats cool.

Karen Key

on Radio

The DISABILITY REPORT

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

SAfm

104-107

Feeling under pressure lately?

7 ways to prevent pressure sores

Change is as good as a holiday

Shift your position often and perform pressure lifts every 20 minutes.

Don't sweat the small stuff

Avoid moisture of any kind & invest in a good quality cushion cover.

Out with the old, in with the new

Cushions have a limited lifespan. Replace before they lose their pressure relieving qualities.

Get it right the first time

CE utilizes OT's & pressure mapping to take out the guess work with technology & professional expertise.

Don't let things slide

Sliding or sheer forces can cause more damage than pressure, so avoid sheer during transfers.

You are what you eat

Poor nutrition & smoking contribute to poor skin health & increase risk of pressure sores.

Dress for success

Don't wear pants with buttons or thick seams & pockets that can cause pressure points.

For help with these and many more solutions, come and visit us at one of branches nationwide.

Live without limits – that's how we roll.

INNOVATION WINS!



The 6th annual SAB Foundation Social Innovation Awards along with the inaugural Disability Empowerment Awards were recently held in Johannesburg



he awards were not only a showcase of brilliant ideas; they also offered prize money and business development support to local initiatives that have developed solutions for people living with disabilities.

People with disabilities are a key beneficiary group for the SAB Foundation. With an unemployment rate of between 70 and 80 percent, the Foundation believes that significant work needs to be done at all levels in South Africa to create a more enabling environment for people with disabilities to have equal access to economic opportunities.

As a result, over the past two years the SAB Foundation looked at various options as to how it could increase support in this area and funding was set aside to ensure that it gets the attention it deserves.

In advance of this year's already established SAB Foundation Social Innovation Awards, the awards programme was advertised through as many networks for people with disabilities as possible with excellent results. Four of the finalists were people with disabilities. In addition, so many strong entries were received from organisations that have come up with innovations that directly benefit those

with disabilities that it prompted the Foundation to set up a special awards category, the Disability Empowerment Awards.

The category recognised the increase in the number of innovations providing solutions for people with disabilities and aimed to support the critical work carried out in this under-served sector.

Four social innovators living with disabilities and eight businesses that support people with disabilities were shortlisted, with a final eight winners announced on the night. They benefited from total prize money of R2,65 million, as well as business support and mentorship to be provided by the SAB Foundation. In judging these awards, the innovation's business potential, innovation, life-changing potential and scalability were evaluated.

The four winners in the Social Innovation Awards were Lubabalo Mbeki, from Get 2 Work, a transport solution for workers with disabilities and those with related impairments; Michael Stevens, from Lower Limb Prosthetic Solution, a high-quality locally made cost-effective prosthetic socket and blade for lower limb amputees; Zahied Mukaddam, from Paratrend V1, a double-tubed modular designer wheelchair; and Heinrich Williams, from Qbell, a simple, in-hospital call-button designed for patients with reduced motor function.

The dLala Positioner took first place in the Disability Empowerment Awards, winning R500 000. The product is a low-cost, versatile, positioning device for children with intermediate to complex mobility disabilities. This device forms an integral part of a 24-hour positioning programme and, when used as part of an early intervention strategy, assists children to maintain a healthy posture, preventing long-term postural deviations and reduces the risk of developing life-threatening secondary health complications. The dLala Positioner also promotes play and social inclusion in both the care-centre and at home.

In second place, winning R300 000, was I Love Coffee, an entirely deaf-run coffee shop where baristas are deaf or hard of hearing. The shop is designed to make communications as easy as possible through bilingual menus, including South African Sign Language, and writing surfaces for counters. Staff are able to teach customers how to order in Sign Language should they wish to.

In third and fourth place respectively, with R200 000 each, were CookABLE, a product that enables users who have just one functioning hand to prepare

food, and the Oasis Association Recycling Project, which recycles and processes waste and provides employment for youth and adults with disabilities.

The first SAB Foundation Disability Empowerment Awards formed part of a greater focus by the SAB Foundation to support social innovation in South Africa. The SAB Foundation's primary beneficiaries are women, youth, people living with disabilities and people living in rural areas, all of whom are from low-income backgrounds.

The SAB Foundation was also given a big boost this year following the conclusion of a new partnership with the Technology Innovation Agency (TIA) that will see a multimillion-rand in-kind contribution to



“The SAB Foundation will continue to invest in social innovation.”

support the growth of local entrepreneurs and their innovations.

The partnership between the SAB Foundation and the TIA will see significant in-kind technical assistance in the form of expert man hours, design and access to prototyping equipment, necessary for innovations shortlisted in the Social Innovation Awards 2016 to achieve market readiness.

The SAB Foundation will continue to invest in social innovation, particularly in areas that support people living with disabilities, and hopes that this will prompt other funders in South Africa to begin prioritising this important and neglected population group. ^[R]

“DRIVE FROM WHEELCHAIR” PROGRAMME



QASA is very proud to be able to provide a service of driver training for wheelchair users who would prefer to “drive from wheelchair”, through the Driving Ambitions driver training programme.

The car that will be used for the training is a Renault Kangoo, donated by Geoff Dear of Cape Mobility. It is fitted with a Space drive system, allowing wheelchair users with extreme limitations the opportunity to drive from their wheelchair, with zero-effort steering and electronic support features. Access via a remote-operated tailgate and ramp alleviates the necessity to

transfer. This self-drive transport solution with ground-breaking technology provides total independence with safety.

QASA CEO Ari Seirlis says: “Disability should not be disabling and QASA is always looking for solutions to offer quadriplegics and paraplegics the chance to secure their rightful place of integration into society and opportunities to work, participate and contribute. This addition to our project will now make more dreams come true and provide hope for those who thought they would never drive again.”

TEAM IN TRAINING

The QASA management board attended a two-day presentation and communication training workshop in Durban on October 20 and 21. The training was conducted by Neil Minnaar and Jason Sandler of Keep Talking. They gave insight into presenting skills and communication skills, and the outcome for many delegates was confidence-building.

QASA provides resources to develop leadership in the organisation and the training session will empower QASA board members and staff to be more effective in presenting.



DRIVING AMBITIONS SUCCESS IN KZN

Pinky Mswane, a paraplegic, was determined to get her driver's licence and under the guidance of our Driving Ambitions instructor, Shaun, she achieved her goal by passing her driving test on October 1. Well done Pinky and Shaun!



Ari Seirlis is the CEO of the QuadPara Association of South Africa (QASA) and managing editor of Rolling Inspiration.
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STEM CELLS *AND SCI*

The environment of the spinal cord changes drastically during the first few weeks after injury. Could stem cells help? ZELMARIE GOOSEN investigates



Stem cell research has been at the forefront of medical research for a few years now, and one area using the opportunity is the field of spinal cord injury (SCI).

Recent clinical work has indicated that intensive rehabilitation can improve motor function in SCI patients even several years post injury. Neuralstem's NSI-566 neural stem cells could provide a neuron-rich substrate to the injured spinal cord segments, possibly promoting and supporting repair, regeneration and reorganisation.

According to *Eurostemcell.org*, studies in animals have shown that a transplantation of stem cells or stem-cell-derived cells may contribute to spinal cord repair by:


- Replacing the nerve cells that have died as a result of the injury;
- Generating new supporting cells that will re-form the insulating nerve sheath (myelin) and act as a bridge across the injury to stimulate regrowth of damaged axons;
- Protecting the cells at the injury site from further damage by releasing protective substances such as growth factors, and soaking up toxins such as free radicals, when introduced into the spinal cord shortly after injury.
- Preventing spread of the injury by suppressing the damaging inflammation that can occur after injury.

Different cell types, including stem cells, from a variety of sources, including brain tissue, the lining of the nasal cavity, tooth pulp, and embryonic stem cells, have

been tested in these studies – mostly conducted in rat models of spinal cord injuries. None of these cells have produced more than a partial recovery of function, but it is an active area of research, and several different types of stem cell are being tested and modified.

According to *Cellmedicine.com*, the adult stem cells used to treat spinal cord injuries at the Stem Cell Institute come from two sources: the patient's own bone marrow and human umbilical cord tissue. Umbilical cords are donated by mothers after normal, healthy births.

A licensed anaesthesiologist harvests bone marrow from both hips under light general anaesthesia in a hospital operating theatre. This procedure takes about 1,5 to 2 hours. Before they are administered to the patient, these bone marrow-derived stem cells must pass testing for quality, bacterial contamination (aerobic and anaerobic) and endotoxin.

Heinrich Terblanche – one of the recipients of the Chris Burger Petro Jackson Players' Fund – recently underwent a stem cell transplant in White River. Terblanche is 26 years old and was injured at the beginning of 2015. He is an incomplete quadriplegic who manages to self-propel in a manual wheelchair and manages to walk with lots of assistance. "The transplant was administered through a drip – first I received white blood cells and after about a week, I was given the stem cells. The reason I did it this way is because it is safe and there are no known complications. It takes about six months to see any improvement – I had it done five months ago. It doesn't work every time, but I believe if you do it more than once, you will definitely see some improvements," he explains. 



WHEN A CHAIR ISN'T JUST A CHAIR

The assumption that a “wheelchair is just a wheelchair” often leads to secondary disability, due to pressure sores, collapse of the spinal column, lung and kidney complications, amputation of limbs and sometimes even death

Good seating is a very individual-specific arrangement. Factors such as age, health, medical history and functional needs all play a part in the process of determining wheelchair choice. The device must therefore be set up in such a way to support posture, provide balance and give comfort.

“Good seating” is not a once-off procedure. As wheelchair users grow and mature, the setup of their equipment must be adjusted to their changing needs. Sound clinical reasoning skills and accredited seating training, in addition to a professional qualification and a good understanding of anatomy, are crucial elements.

The following factors form part of selecting the correct device as well as setting up the user in their device:

- Functional needs of the user
- Environment in which the device will be used
- Durability of the product
- Diagnosis and prognosis
- Posture support needs
- Age, sex and personality of the user
- Type of disability
- Support system available
- Finances available
- Abilities of the user such as balance, wheelchair skills, hand function and cognitive abilities

The setup of the cushion is one of the most critical key elements to “good seating” and is vital for pressure relief, postural control and comfort. This must be adapted for the individual user.

Discomfort in a wheelchair has both physical and emotional implications that can impact the quality of life of the wheelchair user. If a person is uncomfortable in the seating device, they will avoid using it – this can result in isolation, lack of integration into the community and further psychological complications such as poor self-esteem and depression.

“Chairman focuses on providing a fully inclusive solution ...

Physical complications include:

- Scoliosis, extreme lordosis or extreme kyphosis of the back
- An increased risk of pressure sores, which can lead to hospitalisation and even amputations
- Pain
- Increased pressure on the bladder and kidneys

- Lung complications
- Poor balance
- Fatigue and poor sitting tolerance

Common mistakes:

- Un-adapted cushion or no cushion used
- Incorrect backrest height
- Seat depth not supporting the full thigh
- Poor access to the rear wheel
- Insufficient side support for the trunk
- Incorrect frame design for the environment

The international trend is to deliver wheelchair services that meet the standards described in the World Health Organization (WHO) Wheelchair Guidelines. This means that each company delivering wheelchair services should review their policies and procedures to ensure that they meet these standards. The standards have been established for low resource settings and should therefore be easily achievable in SA. In addition to setting out service standards, these guidelines also emphasise the need for trained service personnel and appropriate products.

Consultants employed at Chairman Industries are either qualified therapists or wheelchair users with an in-depth knowledge of seating and products, and they work hand-in-hand with the user of the product and

the referring therapist. Even though there are various seating courses available, the consultants at Chairman all follow the Professional Wheelchair Service Delivery Programme, designed by DARE Consult. It's the only course in South Africa underwritten by the WHO, based on, and incorporating the WHO wheelchair service training packages. It is aimed at professional level training that consists of Basic, Intermediate and Advanced level courses.

Chairman focuses on providing a fully inclusive solution and has an escalation structure for cases which are more complex. Our Monday seating clinics held at our head office in Johannesburg are part of our social




Above: Adapted Pressure Care cushion with a pre-ischial well for pressure distribution (back view).

Left: Ambassador Sonwabo Funde before his seating assessment and after his setup.



responsibility, providing wheelchair users, who would previously not have had access to this care; the opportunity to be assessed by three trained occupational therapists. In many cases, these assessments have been life changing. We have had the joy of seeing a child's face as he realises that he can mobilise without his parents' assistance.

Our passion at Chairman is to make a difference by enabling users to become as independent as possible. 



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HELPFUL PAWS

Over the past few years, the activities in which service animals, especially dogs, are trained to assist people with mobility impairments have expanded drastically. ASTRID DE LA REY learns more



It's now become the norm for our fluffy friends to be trained in anything from assisting diabetics and children with autism to those with visual impairments or with limited mobility.

The great thing about assistance dogs is that it's not a one-size-fits-all scenario. Each dog is trained to help its owner with their specific needs. This can range from picking up dropped items such as cellphones, bringing the phone to the owner when it rings, opening and closing doors, getting the light switch, alerting someone if the owner is in trouble, pulling a wheelchair or carrying a shopping bag – in other words, all those frustrating things that can sometimes

be impossible to do when you're a wheelchair user.

Many people are understandably hesitant to commit to an assistance dog, mainly because they're not sure how they'll be able to care for them and are afraid that the animal will be a burden. Well scratch that thought immediately! Training for assistance dogs and their owners has improved tremendously over the last few years. A great deal of focus is placed on finding the perfect owner/dog match, followed by proper training based on the specific needs of the owner. You and your dog will be "trained" together and will receive lots of support during your first months together until you're both completely comfortable.

It's still a work in progress, but assistance dogs have become a much more common sight in South Africa and are allowed (just about) everywhere. Speak to someone who's had an assistance dog for a while and you'll be amazed by how much independence they've gained. Assistance not only helps you physically in your daily life, but the animal can be a tremendous source of comfort and security.

If you're unsure whether you're suited to – or will benefit from – an assistance dog, the best place to start is the Guide-Dogs Association of South Africa (www.guidedog.org.za). They source and train dogs for all purposes. They have loads of information as well as testimonials on extremely happy and successful owner/dog partnerships and it really is worth reading some of these inspirational stories.

At the end of the day, we could all use a little extra help. And if it comes in the shape of four paws, furry ears and unconditional love, it can only be a winning solution. *R*





PROACTIVE PATIENCE

The virtues of grace, compassion and empathy are invaluable, but they also need to be accompanied by calm perseverance



In previous articles I have encouraged caregivers to show compassion and grace when working with clients. But it's time to talk about the practical application of these mind-sets!

I want to propose proactive patience as a way to apply these virtues to your day-to-day caring. Dictionaries describe "proactive" as taking the initiative by acting rather than reacting to events, and "patience" as the ability to endure waiting, delay or provocation without becoming annoyed or upset. So at first glance it would seem that these two sides of the approach do not sit together all that well. But let's look a little closer...

Patience is possibly the more difficult of the two. In managing your client, not only are you faced with a body that cannot do what bodies are supposed to do but you also often have to deal with your client's anger, aggression or sarcasm. Sometimes their despondency or depression strips them of the will to want to do anything at all. Through all these negative attitudes you have to stay calm and professional. You cannot react as you often might like to. You have to persevere calmly.

But nowhere in the definitions and descriptions of patience does it tell us to sit back and do nothing. This is where "proactive" comes to the fore.

In recent articles I wrote about some of the

challenges in caring for persons with spinal cord injuries or afflictions, such as pressure ulcers, spasticity and contractures. The disciplines of skincare, passive movements and spastic contractions all require a caregiver to be proactive. Work out routines with your client for the prevention of pressure ulcers and set aside times for passive movements. Ask your client to obtain the assistance of a biokineticist to design a series of passive movements that are best suited to the client's needs. Be aware of what triggers spasms if your client suffers from spasticity and try to prevent these triggers. When you notice a spasm, act to relieve it; if you see clonus, proactively shift the limb into a more comfortable position. Don't wait for your client to ask for help or tell you what to do – just go ahead and do it.

Similarly, get to know your client's emotions and emotional triggers, especially the things that frustrate them. Learn to anticipate their needs and try to respond to them before being asked or told. In short, learn to read the mind of your client!

So putting the two together, living grace, compassion and empathy practically as a caregiver is to be patient with the brokenness of the body of your client and to be tolerant of the emotions of your client when they bubble over, but at the same time to be proactive with the needs of your client – to recognise and respond to physical needs before they become problems and to recognise emotions for what they are and deal with them with grace and empathy. ^[R]



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: georgelouw@medscheme.co.za



Netcare Rehabilitation Hospital

Sports Day 2016

Sore Today – Stronger Tomorrow

Sports Day for the disabled offers hope, encouragement and opportunity

Netcare Rehabilitation Hospital hosted its 16th Annual Sports Day on the 4th November 2016, showcasing and encouraging a healthy life style for people living with disabilities. The event started in 2000 and is really aimed at highlighting the positive effect that participation in physical activities and sport has on people in general but especially people living with disabilities.



The day creates a fun and friendly environment for patients undergoing physical rehabilitation from across Gauteng. It serves as a showcase for healthcare workers and medical suppliers to raise awareness of the various rehabilitation services on offer. It also gives successfully rehabilitated individuals the opportunity to

share their successes and motivate others currently receiving physical rehabilitation. The day is structured around fun and competitive activities for all participants, regardless of their level of disability.

The annual Sports Day has grown in popularity each year. In 2015 over 500 attended the day with record community participation. As many of the participants come from disadvantaged communities and have few resources, Netcare Rehabilitation Hospital tries to make the day really meaningful for them by focusing on potential and possibility. Our teams invest a great deal of time and effort to ensure that all the participants are catered for, feel included and have fun. The therapy team ensures that participants compete fairly for prizes that have been carefully selected as appropriate for the participants

Activities on offer this year included, amongst others, wheelchair basketball, walking and wheelchair obstacle races, wheelchair hocker and bean bag hurling. Present at the event was the South African Paralympic rowing team who



recently competed in the 2016 Summer Paralympics in Rio de Janeiro.



One of their team members delivered a motivational talk on her experience on living with disability to live a rich and rewarding family and professional life.

For the 7.5% of South Africans who are disabled and their families and friends, events like Netcare Rehabilitation Hospital's Sports Day serve as a reminder of the importance of engaging in community activities and sharing experiences with others. It is important to remember that families and friends of people living with a disability also need support, motivation and inspiration as they too have often experienced considerable trauma.

A number of helpful tips for families and caregivers of people living with a disability on how to better cope in challenging circumstances:

- Do not try to do it all. Make sure you have your own support network to assist you when you need it. Taking care of a person who is living with a disability is often no easy task and there is no shame in asking for help.
- Attend to your own needs as well. Some family members of people living with a disability tend to neglect their own needs. There is nothing wrong with having fun with friends, spoiling yourself and having hobbies. You are entitled to happiness.
- Accept your feelings. When you experience trauma, you will be bombarded by an array of feelings including fear, anger, resentment and sorrow. Do not feel guilty for feeling these things. If you accept your feelings and let them grow and fade naturally, you will be able to attain emotional health much quicker.

For further information regarding any Physical Rehabilitation, contact us on 011 489 1111 or visit our website: www.netcare.co.za



NO MORE FLY-BY-NIGHTS!

South Africa is notorious for many “garage” and “pop-up” companies that sell medical devices, particularly in the wheelchair and mobility sector. As of next year these devices will be regulated. SIMON HAIFER reports

The Medical Control Council (MCC) of South Africa has come to realise that the business model for medical devices companies is quite different to that of medicines and, as such, is adopting a regulatory system based on best practice from other countries with similar regulatory systems.

As of 2017, medical devices are to be monitored and regulated under the “general regulations relating to medical devices and in vitro diagnostic medical devices (IVDs)”.


With many pros and cons surrounding such a regulation, there will ultimately be an increased cost to the end user as each company and, in some cases, each product needs to be registered. Fortunately, the registration costs for mobility and lower-risk equipment are less expensive and, if monitored properly, will have long-term benefits.

Companies are now required to not only register the products but also classify their own company. This means any company that intends to import, distribute and repair equipment needs to be registered as a manufacturer and therefore must pay the higher registration fees, eliminating “fly-by-nighters” who claim that distributors with large infrastructure are too expensive.

It will also allow the MCC to control these industries more effectively, motivate companies to provide better service as well as identify to end users and funders (such as medical aids, the Workmen’s Compensation Act and the Road Accident Fund) which companies stand by their products by registering as a manufacturer and providing repairs and maintenance.

This is a large undertaking and will take some time to roll out; it will require industry and the regulator to work closely together in the foreseeable future. Some common problems are very obvious. The most noticeable problem is that the South African National Accreditation System is not yet able to accredit conformity bodies so that they can audit companies to the ISO 13485, and therefore regulation may take a while to implement.

The other noticeable issue is both positive and negative in that there is now a higher barrier to entry, which improves quality and back-up, yet will also adversely affect the introduction of new and possibly beneficial products to the South African market.

So, for now, more equipment suppliers will have to register and it will be a wait-and-see policy as to the effectiveness of the new regulatory body and whether it has sufficient manpower to effectively implement and enforce the new regulations. 

HOLIDAY HIRE

It's all very well being ideally set up with all your equipment and devices at home, but what happens when you travel?



any of us wheelchair users have various pieces of equipment in our daily lives and when we have to go away on vacation or for business, we have to compromise and sometimes struggle. I often get calls from people with disabilities asking if there are any places that will hire out a commode chair or a hoist so that they can continue to go about their business while away from home. It's a dilemma and an opportunity.

Here is a list of suppliers:

GAUTENG		
QASA Johannesburg Louise	031 767 0348 www.qasa.co.za	Wheelchairs, mobility scooters, portable hoists, commode chairs, transfer boards
CE Mobility Candy	086 023 6624 www.cemobility.co.za	Wheelchairs only
Clinical Emergencies Bianca-April	011 443 9093 www.clinicalemergencies.co.za	Mobility aids, pressure & homecare products, bathing aids, personal care and assistive devices
Mobility Aids Chela	011 849 2810 www.mobilityaids.co.za	Mobility aids, pressure & homecare products, bathing aids, personal care products
Impact Medical Colin	011 469 1750 www.impactmedical.co.za	Mobility aids, pressure & homecare products, bathing aids
Prima Care	0861 7746 222 73 www.primacare.co.za	Mobility aids, pressure & homecare products, bathing aids
CAPE PROVINCE		
Cape Town		
Cape Star Medical Errol	021 556 7335 www.capestarmedicalsupplies.co.za	Mobility aids, bathing aids
Solutions Medical Marius	021 592 3370 www.wheelchairs.co.za	Mobility aids, pressure & homecare products, bathing aids
Prima Care	0861 7746 222 73 www.primacare.co.za	Mobility aids, pressure & homecare products, bathing aids
EAST LONDON		
Roland Toogood Adema	043 743 6680 www.rolandtoogood.co.za	Mobility aids
KWAZULU NATAL		
Durban		
QASA Durban Louise	031 767 0348 www.qasa.co.za	Wheelchairs, commodes, portable hoists, transfer boards
Umhlanga Medical Services	031 561 6508 www.wheelchairservices.co.za	Mobility aids, pressure & homecare products, bathing aids



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

Here's what I've found...

There are companies that offer all sorts of equipment, from "hospital beds" to pressure mattresses, commodes, portable hoists, as well as wheelchairs, walkers, rollators and more.

They are mainly situated within the larger cities, so if you are planning to travel somewhere smaller, you will have to hire your equipment and take it with you. Some companies will deliver within a certain radius from their location and some charge, so it is best to contact them directly.

Happy travels! 🌴

ENRICH YOUR MIND AT KAROO NATIONAL PARK



The Ou Schuur Interpretive Centre in Karoo National Park is a fount of historical and biological information to fascinate and enlighten people of all ages



Regular readers of **Rolling Inspiration** may recall how Karoo National Park has been noted previously as an ideal stop-over destination for people driving on the N1 or N9 between the interior and the Western Cape. From an accessibility perspective there is plenty of accessible accommodation and other facilities. And since the park was last featured in RI, lion and brown hyena have been reintroduced to the park, as an added incentive to visitors to stay longer and search for some of the amazing wildlife that roams in the park. But one of the unheralded features is the park's interpretive centre, known as Ou Schuur, which is well worth a visit, whether you are in transit or staying longer to explore the Karoo.

including geological and fossil records from ancient history.

- Ideal for school groups and individuals alike.

HOW TO GET THERE

The Park's entrance gate is about 5 km southwest of Beaufort West on the N1, near the junction with the N9 and about 500 km from Cape Town, 1 000 km from Johannesburg and 270 km from George. The Rest Camp



Attractions and Access Adaptations:

- A 200m wheelchair-friendly boardwalk along a tree-lined river bed leads visitors from the parking area to the Interpretive Centre.
- From there a paved pathway takes visitors through the gardens, where many historical artefacts are on display.
- Ramps enable ease of access into the converted historical building and an outer wooden display area, both of which house exhibitions on people, plants and animals that live or lived in the area of the park,

is 6,1 km from the gate on a tar road and the Interpretive Centre a further 700 m along the road

More information (including rates) about Ou Schuur, Karoo National Park or the other 18 national parks can be found on the SANParks' website www.sanparks.org. Designated UA units are reserved for those who need them and can only be booked directly with SANParks on special request. Unlike other units they cannot be booked in advance online until the reserve period has expired. Visitors pay a daily conservation fee to make use of park facilities and enjoy the natural heritage, but if you buy a Wild Card, that fee is waived. ^[1]



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



explore | conserve | enjoy

www.wildcard.co.za
wildcard@sanparks.org
+27 (0)861 GO WILD (46 9453)



THE GREAT CHOLESTEROL DEBATE

How do cholesterol levels affect persons living with spinal cord injury (SCI)?

The health management of individuals newly affected by SCI, along with better long-term follow-up care (particularly that of the bladder), has made a significant positive difference to their average life expectancy. This has resulted in a shift in the traditional cause of death among the SCI population. Some 30 years ago, complications related to the urinary tract accounted for most deaths, but today SCI persons are more likely to die from cardiovascular deaths. Therefore the need for preventive strategies, including a focus on cardiovascular risk factor management in order to decrease long-term mortality, has become increasingly important.


After suffering a spinal cord injury people experience adverse changes in body composition. They tend to increase body fat and there is a relatively marked reduction in muscle mass and/or atrophy of muscle – these changes occur at an increased rate. Inactivity predisposes persons with SCI to metabolic abnormalities that tend to accelerate the development and appearance of coronary artery disease. Insulin resistance tends to occur, and increased levels of insulin in the blood become apparent, accompanied by associated disorders in carbohydrate and lipid metabolism. The ability of the pancreas to compensate for these changes may diminish with the duration of the injury and advancing age.

Simply put, persons living with SCI are prone to

increased risk of diabetes and coronary heart disease. Cholesterol comprises of several types. Normally, the “good fat” in cholesterol (HDL) is found in lower levels in SCI persons when compared with the general population. This together with a higher prevalence of insulin resistance and diabetes mellitus, as well as an earlier occurrence of coronary heart disease (CHD), places SCI individuals at risk.

Exercise is one of the important lifestyle factors that can reduce cardiovascular risk. As exercise is difficult in SCI, diet plays an important role in regulating these abnormalities. Part of the annual monitoring should be a lipid screen. Early detection of low blood levels of HDL (good cholesterol) and higher than expected LDL and triglycerides (the “bad” fats) should initially be managed with diet. This means avoidance of products high in saturated animal fats, which raise blood levels of the bad fats. Meats should be lean cuts and eaten in moderation. Patients with SCI should be taking extra supplements of Omega 3 fatty acids as these are cardio protective.

Good cholesterol foods include olive oil, beans and legumes, whole grains, high-fibre fruit, fatty fish, flax seed, nuts, etc. Bad cholesterol foods include butter, hard margarines, lard, dripping and goose fat, fatty meat and meat products such as sausages, full fat cheese, milk, cream and yoghurt.

If dietary changes are insufficient to increase the good fats and lower bad fats, one should consider medications to lower cholesterol – the so-called “statins”. 



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

JOBURG TO DURBAN ... AND BACK AGAIN ... IN THE DIRT

Four days of off-road riding from Johannesburg to Durban, approximately 250 km a day, and then another four days back again. The Quads 4 Quads ride is not for the faint-hearted. CLAIRE RENCKEN reports

T

hirteen years ago, the Quads 4 Quads event was launched by Glenn Foley and Corinne Andrews of the Family Adventures social off-road club. They chose the QuadPara Association of South Africa (QASA) as the beneficiary of the fundraising ride.

As in previous years, about 600 quad-bike and motorcycle riders, including some quadriplegic and paraplegic riders on adapted quad bikes, participated in the event again this year. Quads 4 Quads has made



Above: The welcoming committee waiting to greet the riders as they arrived back at Carnival City on October 9.

Left: Corinne Andrews and Glenn Foley of Family Adventures hand over the R500 000 cheque for QASA to Ari Seirlis.



"I have just completed my 12th Quads 4 Quads and each one seems to get harder and harder. I say at the end of each event 'this will be my last'... But I guess I could always prove myself wrong ... again. Thank you to the Family Adventures, the support team that I had, the volunteers, the marshals, the people waving us on from the side of the road, the farmers who let us through their properties, the generosity of the corporate donors, the generosity of individual riders, the gifts from sponsors, the broad smiles of the fellow participants when we passed each other, and the evenings of laughter and storytelling about the day's adventures.

"This is a superb event and if you own an off-road bike and have not done Quads 4 Quads yet, you just have to do this. It's absolutely contagious and it's for an organisation that is developing the lives of quadriplegics and paraplegics in South Africa."

The up-run back to Johannesburg began on October 6 and ended at Carnival City on October 9. There was a huge welcoming committee waiting to greet the riders as they arrived – dusty and exhausted, but also exhilarated.

“Will or won't we see Ari and his Polaris again next year?”

a remarkable difference in the lives of quadriplegics and paraplegics in South Africa. To date, the event has raised almost R7 million for QASA.

The down-run from Johannesburg to Durban took place from September 29 to October 2, starting at Carnival City and ending at Cane Cutters in Ballito. QASA CEO Ari Seirlis participated again this year on his adapted Polaris RZR. This is what he had to say about the experience: "I don't know whether to express sadness or happiness that I have just arrived home after the most amazing four days of off-road adventure. We had experiences of immense heat and dust, and then today cold, cold wind and drizzle. I guess it's all part of the adventure of doing this event to raise money for QASA. But as a quadriplegic, it is even more difficult – having to deal with adaptations of my bike performing well, the elements and the terrain.



Above left: The riders arrived back dusty and exhausted, but also exhilarated.



Above right: Glenn gives a special mention to the youngest riders who participated in the event.

In keeping with tradition, Glenn and Ari addressed the crowd, thanking everyone who had made the event possible, successful and safe. Glenn wrapped things up by handing over a cheque for R500 000 to Ari for QASA.

What will Quads 4 Quads 2017 have in store for us? Shall we start placing bets now – will or won't we see Ari and his Polaris again next year? [R](#)

NO SPECIAL TREATMENT

Making special learnership arrangements in the workplace for people with a disability might not be as helpful as you might expect



South African Employers for Disability recently held a workshop where delegates examined the issues of transformation, diversity and inclusion in the workplace.

There were some fascinating inputs, but one in particular got me thinking. One of the speakers questioned whether establishing special programmes to promote the employment and advancement of people with disabilities is the right thing to do. The speaker – a representative of the human resources department at one of South Africa's largest enterprises – told the story of how their organisation went about offering learnerships specifically for people with disabilities.

The company made a concerted effort to identify young people with disabilities who they believed would not only benefit from a learnership, but could ultimately be offered permanent employment and groomed for more senior positions.

The group of learners with disabilities was assembled, and were put through the company's standard learnership programme, with provision made for the different types of accommodation each member of the learnership group required.


They became a tightly knit group and close friendships developed. They did everything together – from eating lunch in the canteen to attending staff functions. But they did not integrate with their colleagues. Wherever they went in the organisation, they were immediately

identified as “the group of disabled learners”. They were seen as “special” or different. When they were away from their group, they felt isolated – and their colleagues felt uncomfortable around them. Few of the learners from that group stayed in the company afterwards.

Since then, the company has not run a learnership programme (or any other development or training programme) exclusively for people with disabilities. However, it ensures that every learnership group includes people with disabilities. It is now integration from the get-go.

“Our goal is to promote diversity in our workplace. We have learned that dealing with diversity is not effective when certain groups are treated as special or different. Integration and inclusion in the workplace proceeds far more smoothly and naturally when the differences between the various types of individuals are not allowed to become the focus of their interaction,” the speaker said.

Since integrating its learnership programme, the company has found that supervisors, line managers and ordinary workers throughout the organisation have started to change their attitudes about the integration of people with disabilities.

Is this company's experience unusual? Or do you think people with disabilities should be treated as special within the workplace? If you have been involved with exclusive programmes for people with disabilities, what has been your experience? 



Dr Jerry Gule is the chairman of South African Employers for Disability (SAE4D). email: majaheni.gule@gmail.com



THERESA CUPIDO
ATN Group

When I was a girl, I'd come home from school and get to work in the family grocery store. I'd do my homework in the evenings and wake up early to receive deliveries. Even as a youngster I understood the value of hard work. It's wonderfully fulfilling. Especially when your work is creating opportunities for others.

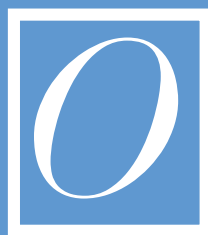
In 2014 I reached a stage where I wanted to grow the business, and so I approached Anglo American's Enterprise Development Initiative, Zimele. The funding they gave us really helped us blossom and we were able to create 100 additional jobs. It's been an incredible journey that hasn't just upskilled my employees; it's also taught me more than a thing or two.

To find out more visit
www.angloamerican.co.za

**I'M A WIFE,
A MOTHER AND
2014'S JOB CREATOR
OF THE YEAR.***

DARE TO DREAM

Nine years ago, Joey Evans broke his back in a motorbike race. Now he is preparing to race against able-bodied riders in the Dakar Rally in January. CLAIRE RENCKEN met this indomitable character



On October 13, 2007, Joey lined up at the start of the Heidelberg Harescramble with about 20 other riders. "I had a bad start there the year before and sat in the dust for ages, unable to pass. This time I was determined to get a good start. And that's all I can remember – until I woke up facing the sky, with paramedics and spectators standing around me. Later I was told that, going into the first corner about 100 m after the start, another rider crashed into my swing arm and I was catapulted off the bike, landed on my head and got ridden over by other riders," he recalls.


After the initial relief when Joey regained consciousness and joked "Did I win?" the gravity of his injuries became apparent when he realised he could not feel his legs. "To top it off, I thought my mouth was full of dirt and stones and I was spitting them out – it turned out I had broken 12 teeth, some were completely shattered."

To cut an amazing story short (do yourself a favour and read his full account of events on his website, cleverly named From Para to Dakar, at www.fromparatodakar.co.za), Joey was told by doctors that he would never walk again and that he was completely paralysed from the chest down. However, he started regaining limited sensation and

was determined to get back on his feet. As time went on, he then grew determined to get back on a motorbike and once he had accomplished that, he started riding in rallies again and set his sights on the Dakar Rally for 2017.

Says Joey: "So here I am in 2016. I can now walk quite well and sometimes people don't even notice I have a problem. However, my legs still don't work properly; they are much weaker and slower than before and spasm a lot when I'm tired or when my adrenaline is going. I can't run properly or jump – but I can do a bit of a dodgy-looking jog! I can feel touch, but still can't feel any hot, cold or pain sensation from below my chest. I still take medication to help digestion and need to self-catheterise several times daily, which is a challenge in race conditions.

"But, I can ride a bike okay and know that Dakar is (after a long time) within my reach. So this year I entered the Merzouga Rally in Morocco in May. This rally is owned by ASO, the same company that owns the Dakar, and is an official qualifier for the Dakar 2017. I needed just to finish in the pro class at this six-day rally and I would automatically qualify for Dakar 2017. It wasn't easy but after the six days I managed to cross the finish in 39th position, thus earning my place at Dakar in January 2017!"

Now the hard work of fundraising, sacrifice and training has really started. We will be rooting for you in January, Joey. Best of luck from the **Rolling Inspiration** team! 



Picture supplied by Zoon Cronje Photography.

ASKED AND ANSWERED

Among other considerations, people with spinal cord injury have questions about one of our most important human behaviours – sex!



Spinal cord injury almost inevitably affects sexual behaviour, because sexual response often depends on “messages” travelling via the spinal cord, and SCI can block those messages. But although SCI presents challenges, they do not need to be insuperable. There are various options available to put sex in its rightful place – where it’s fun and functioning. On its website, the International Society for Sexual Medicine (www.issm.info) answers many frequently asked questions:

“What are common sexual problems for men with SCI?”


The degree of sexual function after SCI often depends on the location and severity of the injury. Some common sexual problems for men include:

- **Erectile dysfunction (ED).** Men with ED are unable to achieve or sustain an erection necessary for satisfying sex. A number of treatments are available, although some work better than others. For example, men who lose hand function might have trouble managing penile injections for ED.
- **Ejaculatory problems.** Some men with spinal cord injury are unable to ejaculate (anejaculation). Others have retrograde ejaculation; their semen flows backward into the bladder instead of out the tip of the penis.

How does SCI affect a man’s fertility?

- The ejaculatory problems caused by SCI can make it difficult for men to father children. However, methods are available to stimulate ejaculation.
- Penile vibratory stimulation involves applying a vibrator to the tip of the penis. (Men who lose sensation in their genitals should be careful not to injure the penis.)
- With electroejaculation, a doctor inserts an electrical probe through the rectum and uses electrical stimulation to prompt ejaculation.
- Sperm can also be retrieved from the testicles for use with in-vitro fertilisation.

What are common sexual problems for women with spinal cord injury?

- Women with spinal cord injury often see changes in their orgasms. Many women still feel sensations in their vagina and clitoris, but their orgasms might not be as intense as before and the orgasms might take more time and stimulation to achieve.
- Some women feel a sexual response (called ‘phantom orgasms’ or ‘paraorgasms’) when another part of the body is stimulated.
- Women with more severe injuries may not be able to reach orgasm at all. However, by communicating and sharing physical intimacy with their partners, they can still enjoy sex.” 



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

FESTIVE FUN

This month we take a break from our series on Activities of Daily Living and focus on creating some festive decorations and treats



ALTY DOUGH STAR ORNAMENTS

This easy recipe for festive star ornaments is a fun way to get children involved in the kitchen and develop their fine motor skills.

Ingredients/Equipment

- 1 cup flour (not self-rising)
- ½ cup salt
- ½ cup water (or more as needed)
- Rolling pin
- Baking tray
- Cookie cutters (stars, circles, Christmas trees etc.)
- Decorations: acrylic paints, paintbrush, seeds, glitter etc
- Straw and ribbon

Method

- Preheat oven to 180°C. Measure flour and salt, then add them to a medium mixing bowl and stir.
- Add water.
- Mix thoroughly. Sprinkle the table with flour and knead dough until it's soft and pliable. Add more flour if needed.
- Using a lightly floured rolling pin, roll out the dough.
- Cut out ornaments using cookie cutters.
- Place ornament on a baking tray.
- Using your straw, create a hole for the ribbon that will hang the ornament.

- Bake for two to three hours, or until completely dry. Flip once while baking, then remove and allow to cool completely.

- When the ornaments have cooled, decorate them with paints and/or glitter and thread the ribbon through the hole to hang.

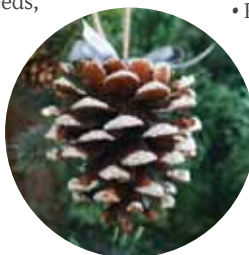


DECORATED PINECONES


- Piece of newspaper
- Pinecone (dried) or any other seedpod
- Wood or runny paper glue
- Ribbon
- Glitter (different colours)

Method

- Place the newspaper on the table to keep things clean.
- Tie a piece of ribbon to the top of the pinecone so that it can hang.
- Dab the glue on the places that you would like the glitter to stick.
- Carefully shake different colour glitter on the glue spots.
- Allow to dry and hang on the Christmas tree.
- You can use a seedpod or dried leaf if you can't find a pinecone.



MOM'S NOTES

Let the children help you as much as they can. The more involved they are, the more fun they will have. Never leave children unattended when they are working with hot ovens. 



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

A WORKABLE SPACE

If you have a child with impaired mobility, you'll want to ensure that their environment suits their needs – to help them not only to learn but to thrive, writes ASTRID DE LA REY



One of the biggest concerns for parents who have a child with impaired mobility is that they don't want their child to feel like they're missing out. Ensuring your child's environment caters to their needs will make a huge difference and make certain tasks easier for them as well as their caregivers.

In the last few years there have been some amazing advances in adaptive furniture. One example is Willowbrook Riser Recliners, which manufactures recliners with a "standing" function. The chair operates like a standard recliner, but with an extra feature that tilts the recliner forward to assist with standing up or getting out of the chair. It is completely automated and adjustable, and can be configured to suit different needs. The recliners are also available in different sizes in order to suit children as well as adults.

Google is magic, which is how we came across the Adaptive Design Association that designs and builds furniture and aids around the specific requirements of each individual child. Although they're based in the US, the organisation makes all of their designs available so that anyone can copy and adapt them. There are some brilliant ideas and examples on their website and they encourage anyone to contact them for advice and suggestions. Well worth checking out.

Another great product is the AirDesk, which was developed as a completely adjustable mobile office that can be adapted to almost any position. It's designed for use in beds, on the couch, in cars and even at the gym! It's a simple, ingenious product that allows for all kinds



of configurations and can even double as a tray stand or writing surface.

Classroom positioner chairs can often be pricey, but they are extremely handy for use at home as well as at school. The chair is fully mobile and can be adjusted for various activities. Do a little online research, as there are quite a few options to choose from.

Another favourite with many parents is the Art Horse – a fairly simple furniture piece that lets your child draw and play while leaning slightly forward as though they're sitting on a rocking horse. The chair is specifically designed for children who need to strengthen their core muscles.

There are some fantastic products available for children with impaired mobility. So shop around, talk to other parents and find the right solutions that will help your child flourish in their adaptive environment. *R*

TREATING THE PRACTITIONER

It's a valuable exercise to take time out from our busy schedules to appreciate what is really important



Prosthetists in South Africa manufacture prostheses as well as orthoses. An orthosis supports or protects a structure, for example a drop-foot splint that keeps a dropped foot at a 90-degree angle so that the foot does not drag on the floor and trip the patient while they are walking.


because it was just around the corner from where we were working, we accepted.

After a hectic day at the clinic we arrived at her house to be greeted with a Botswana fillet, a bowl of potato salad and local beer. This is where our treatment started. The atmosphere was peaceful, the conversation interesting and light-hearted. Although the house is situated next door to the President's, it is simple and non -pretentious with broekie-lace

awnings over the veranda. Our host had a bit of a chuckle, recounting the time when a director of a retail store offered her more for the house than most of us will see in a lifetime, but she refused to sell because she feels comfortable, content and happy in that house.

Strolling through the rooms and passages I was mesmerised by the lifetime of memories hanging from the walls – and found that they somehow put my own life and mortality into perspective.

Pointing the nose of my car towards South Africa the next day, I had five hours to contemplate how ridiculously shallow much of society has become. We worry about the type of tile on our floors, the SUV in our driveway, the label on our clothes, and we compare ourselves, constantly, to others. We are chasing some form of superiority, and we desire to control outcomes and others – and worst of all, we are teaching this behaviour to the next generation (and we wonder why the Springboks lose).

But if we are blessed, we are momentarily called to a halt – like in the little house in Botswana – and given the time to evaluate and rediscover what is important in life ... without interference from Dr. Google! 



The welcoming home of Mrs de Villiers in Botswana. Picture supplied by Heinrich Grimsehl.

To make a long story short, I have a senior patient with a drop foot, a Mrs de Villiers, who lives in Botswana. Knowing that I regularly visit Gaborone she invited us to come and stay at her house and



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

LOOKING AHEAD



South Africa participated in this year's 2016 Universal Design Conference in York, UK




eld from August 21 to 24, the conference's theme was "Learning from the Past, Designing for the Future". The South African representation was strong, with a total of five delegates in attendance, offering three presentations and participating in the panel discussion.

In this issue, we review one of the first presentations of the conference, by the Finnish Association of People with Physical Disabilities. We in South Africa tend to assume that countries elsewhere, such as Finland, are more progressive and have implemented Universal Design (UD) principles in all spheres of work and government – and that, by contrast, we are the only ones struggling with the basic implementation of the concept.

The topic of the presentation was, however, particularly interesting because the Finnish people have recently experienced a negative attitude towards UD; the research that they conducted was around the investigation of these attitudes and the possible disadvantages that people see in the promotion of UD.

The research findings indicated, however, that although there was a *perceived* negative attitude towards UD, 90 percent of the respondents had a very positive attitude towards the promotion of UD and appreciated its importance. More than 80 percent of the same respondents also indicated that they see accessibility as forward-thinking and

"desirable", using words such as "good quality" and "nice-looking" as adjectives for UD. The researchers then reviewed media content to investigate where the negative attitudes towards UD possibly stemmed from. Over a six-month period they classified and analysed a sample of 1 099 articles from online media sources. The findings showed a clear misunderstanding of the definition of accessibility in the context of UD. One large media company, for example, defined accessibility as meaning "gigantic" bathrooms, and while that same company admits, in other articles, that accessibility is an important issue, the topic itself is often misunderstood. In the same publication, the writers gave a representative from the construction industry an opportunity to make a case against UD. The substance of his opposition was the cost factor (only really applicable to retrofitting, but it wasn't stated as such) and his view that the high Finnish standards were "ridiculous".

We see the same negativity towards UD in SA, which, similarly to Finland, arises out of a lack of understanding. Being at the "bottom" of the globe doesn't mean we are any further behind any other country in the world. As South Africans we know that we always strive for the best representation of equality, because we have learnt from our past and are designing for our future. 

The full conference proceedings can be found at www.iospress.nl/book/universal-design-2016-learning-from-the-past-designing-for-the-future



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.

ROLLING INSPIRATION RECOGNISED FOR EXCELLENCE

Rolling Inspiration magazine has been nominated for the 2016 African Corporate Excellence Award!

The African Corporate Excellence Award is presented by the United Kingdom's *Corporate Vision* (CV) magazine, a publication that "shines a spotlight on the brightest, best performing and most deserving companies and individuals from around the business world".

The awards are carefully tailored to provide detailed and in-depth analysis of the very best that each market, industry, sector and region has to offer.

According to George Arnold, awards executive, this is the second year of the awards programme. "Again we will pay attention to all aspects of the business world, from the top-level corporations to the underlying companies who provide vital support and services to businesses across the world. From dedicated client satisfaction, customer care and marketing to innovative services, products and solutions, our awards aim to spotlight these firms who have ceaseless commitment and diligence to providing the very best they can offer."



WE SALUTE YOU, BEN CALITZ

On October 19, after a short time in hospital, Ben Calitz, a Chris Burger Petro Jackson Players Fund recipient, passed away suddenly but peacefully at the age of 65 in Sonop, just outside Brits. Gail Baerecke, general manager of the Fund, pays tribute to Ben: "It is not often in life that one meets a person who has decided that, in spite of being part of the 'nasty club', he was going to live his life to the fullest – in fact, he would only settle on a life that was overflowing with love, friendship, happiness, compassion, love of the outdoors and fishing, being involved with his community, connecting with others and interacting – no matter what it took.

"After writing matric in 1968, Ben joined the police force as a student and was temporarily stationed at Brits in the North West Province. He was a force to be reckoned with on the rugby field and in June of 1969, whilst playing for the Brits Police Force Rugby Club, he fell badly in a scrum, damaged his spinal cord and this injury ended his life as he knew it. From being an independent young man of 18, just fresh out of school with all his dreams ahead of him, he had to adjust to life in a wheelchair and living with a life-changing



disability. This is when Ben's true resilience kicked in; he carefully planned his future and never deviated from this course for the next 46 years.

"Ben lived in Sonop for many years with his beloved wife Sue and their family. They raised their two children there and watched their grandchildren growing up and playing in their neatly kept garden. Our condolences go out to the Calitz family during this very sad time. Ben will be missed by all those whose lives he touched."



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MY SISTER WAS A DYNAMIC LEADER

Throughout my career I've come across all sorts of managers. Few have made a huge and profound difference in my life, but others are unforgettable...




For centuries, philosophers have been pondering the concept of leadership, and capturing our imaginations with their thoughts on the ideals of leadership. It's the process of influencing others to understand and agree what needs to be done and how it can be done effectively, and the process of facilitating individual and collective efforts to accomplish shared objectives.

Of the four female managers I've worked with, two have won the "Leadership" crown. One of these was the embodiment of leadership: the late Maureen Jangulo Dlamini, a dynamic woman originally from Zambia. Everyone who knew her will tell you what an impact this woman made in many people's lives.

At the time of her death, Maureen was the CEO of the Chamber of Mines in Zambia. She oversaw the policy and lobbying activities of the mining sector during a period of energy deficit, a tax refund crisis and an upward adjustment in mineral royalty tax. She was, reported the *Lusaka Times*, "a highly experienced operations executive who had demonstrated the ability

to lead diverse teams of professionals successfully in competitive, fast-paced markets."

Under her leadership at the Johannesburg Stock Exchange, she entrusted me with the role of managing the launch of the Africa Board project – a platform for leading African companies to dual-list at the Johannesburg Stock Exchange. The launch was attended by over 800 guests from the African continent as well as locally. It was a huge success. This woman saw me as an individual and recognised my talent before she saw my disability, and allowed me to freely explore my abilities in my workplace. She was the most unselfish person I've ever known. She held very demanding positions but every day, without fail, went home to fulfil her wifely duties, such as cooking for her husband. I'm proud to have called her "my sister".

Leadership is not the same as control or management; leadership is leadership. If you seek to lead, invest at least 50 percent of your time in leading yourself – cultivating your own purpose, ethics, principles, motivation and conduct. Invest the rest of your time developing yourself as a mentor for colleagues and peers. 

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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 journos 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.

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2. De Ridder DJMK et al.: European Urology 2005 Vol. 48 (6), p 991-995.
3. Cardenas et al: PM R 2011; 3:408-417.