

ROLLING INSPIRATION

ISSUE 2 2022

The leading magazine for people with mobility impairments

MOTIVATE YOURSELF

Max Kulati finds his
motivation

RAF CAPTURE

Troubles resulting in neglect
of road crash victims

IMPROVE YOUR HOSPITAL STAY

The form that can make all
the difference





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MEET THE TEAM

MANAGING EDITOR

Raven Benny
coo@qasa.co.za

EDITOR

Mariska Morris
rollinginspiration@qasa.co.za

CONTRIBUTORS

Ari Seirlis
 George Louw
 Mandy Latimore
 Heinrich Grimsehl
 Rustim Ariefdien
 Danie Breedt
 Emma McKinney
 Cilna Steyn

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Author Karen Lazaar offers a voice to those who are unable to speak out through her literary work *Echoes*.

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ACCESSIBLE PARKING ONLY FOR WHEELCHAIR USERS

The accessible parking facilities are a human right for wheelchair users only
argues **ARI SEIRLIS**

There seems to be a confusion among many, including people with disabilities, about the use of the wheelchair-demarcated parking facilities. Let me give some context to the design and purpose. The National Building Regulations Part S10400 (2011) provides clarity on the provisions for people with disabilities and this includes the design, the quantity required and layout of wheelchair-designated parking.

To keep it simple and understandable, all accessible parking facilities should be 3500 mm in width and this is to ensure that a wheelchair user can enter or exit a vehicle on either side without an interference or obstacle of another vehicle. The number of parking bays designated for wheelchair users varies depending on whether the facility is a public space, a rehabilitation centre or a place of employment.

To conclude the specification explanation, the regulation also states that the wheelchair-designated parking must be no further than 50 m from the entrance of the facility. Many facilities comply with these regulations or at least tried to comply. Often accessible parking bays are set out in demarcated, but, unfortunately, are not the correct width and so make them pointless and unfunctional.

The Road Traffic Act (Regulation 305, June 2011) states that no person other than a person with a disability or the driver of a vehicle transporting a person with a disability issued with the sticker shall park on a parking bay reserved for people with disabilities.

The dilemma faced by wheelchair users relate to some of the explanation above. The distance of the bay to the entrance and the ambiguity of the Road Traffic Act. People abuse the accessible parking facilities because they are close to the entrance! Fact.

“ People abuse the accessible parking facilities because they are close to the entrance. ”

The bays are abused as the Road Traffic Act does not specifically state “wheelchair users” as the category for which the bays were designated. I have overheard discussions between wheelchair

users who wish that the demarcated bays were further away from the entrance to reduce abuse from people with disabilities who always seem to be in a rush or “only two minutes”.


However, the consequences of moving them further would be safety risk to wheelchair users having to navigate through a busy parking facility. Too often people with disabilities, not wheelchair users, take advantage of this myth that the bays are for “disabled people” and use these facilities as a privilege rather than a need.

Wheelchair users are adamant about the fact that “wheelchair parking bays for wheelchair users only”. They are not a nice to have for the elderly and frail with walking sticks, limbs and short of breath. They are also not for people with pacemakers, dreaded diseases and post heart transplant. Unfortunately, this constituency have no conscience in abusing these facilities by using them.

Traditionally, municipalities adjudicate and issue official disks that qualify the applicant to use a wheelchair parking facility and herein lies another problem.

The criteria to apply differs from municipality to municipality and most find it almost impossible to stick to the principle of issuing these accreditations to wheelchair users only.

Then, of course, there are some people who purchase a sticker of a wheelchair from a local hardware store, or Google search it and print from their computers, to then displayed them, unashamedly, on their dashboards. Blatant cheats and frauds.

Leave the accessible parking, few as there are, for wheelchair users only. Enjoy the privilege of being able to walk those extra few metres while you can. That is the call of wheelchair users and in fact it is their Human Right. 



Ari Seirlis is the former CEO of the QuadPara Association of South Africa and, presently, a member of the Presidential Working Group on Disability. He is a wheelchair user and disability activist.

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MOTIVATE YOURSELF TO MOTIVATE OTHERS

Despite numerous challenges, Max Kulati found the motivation to pursue his dreams. **MARISKA MORRIS** reports

It all started when Macethandle (Max) Kulati looked in the mirror one day and thought to himself: I'm too skinny. So, he started small. He trained with a mere two-kilogram dumb bell set in his bedroom. When he started seeing results, Max upgraded to heavier weights. Finally, he joined a gym to improve even further.

Only a mere four years after becoming a wheelchair user, in 2018, Max started powerlifting. In 2019, he met a professional bodybuilder who inspired and encouraged Max to try the sport. In 2021, he participated in his first International Bodybuilding and Fitness Federation (IBFF) event and fell even further in love with the sport.

At the start of 2022, Max officially resigned from powerlifting to focus all his attention on bodybuilding. Today, the self-proclaimed gymaholic is a body builder looking to compete internationally this year.

While he remains passionate about both sports, there are weight restrictions in powerlifting that present a challenge when trying to build muscle and improve definition for bodybuilding

competitions. By focusing on only one, Max can build a better physique. He notes: "I don't think of myself as strong, but I like my physique. But, I want more. That is the thing about bodybuilding. The more you have, the more you want."

Max aspires to be a professional bodybuilder. As he explains: "There are no pro bodybuilders in wheelchairs." He would like to represent South Africa and wheelchair users at international competitions. This will undoubtedly take a lot of hard work and dedication. Fortunately, Max has a passion for fitness and weight training. In fact, Max conducted his interview from the gym!

"The gym is my second church after church," he says jokingly. "I'm obsessed with weights. The gym is my comfort zone – a place for me to clear my mind." Max has had to deal with a lot – frankly he still does! Single father of three and currently unemployed, Max had to come to terms with his disability, find the motivation to carry on while providing for his family.

As he grows too old for most learnerships, Max is dependent on his disability grant to care



COVER STORY

MAIN PHOTO: Max Kulati is pursuing his dream of becoming a professional body builder. He has participated in several events thus far.

ABOVE LEFT AND CENTRE: After years of training, Max is anything but too skinny.

ABOVE RIGHT: A photo of Max before he started powerlifting and bodybuilding.

RIGHT: Max addresses a group of school children during a motivational presentation.

for his family. Despite qualifications in public administration, he has been unable to find permanent employment. But, exercise helps. Without it, Max argues that he might have been depressed ... or worse.

Understanding how difficult it can be to find strength, Max hopes to inspire everyone – those with disabilities or without, young or old. Specifically, he wants to inspire the youth in his community who are at risk of drug abuse. Max says: “I want to inspire everyone so that when they look at me, they think: ‘If he can do it, so can I.’”

His life’s motto is: “Against all odds, I can do it.” And he does! Max faces daily challenges like accessing his inaccessible gym. But he makes a plan. Something that has motivated and inspired many of the other members at the gym. “The girls and guys who I train with motivate me and I motivate them,” he says.

Max urges his peers who are also facing big obstacles to find the motivation within themselves to keep going: “I know it is hard, but you need to now assess your situation and build on it. It is not the end of the world.

“You are still the same person who you were before. Pick yourself up. I know that it is hard,

but accept it. You need to motivate yourself to motivate others.”

While Max is passionate about bodybuilding, he faces many challenges within the sport – most noticeably, the lack of funding. This issues extends to many of the talented bodybuilders in South Africa.




“ Against all odds, I can do it! ”

As it isn’t recognised as a sport by the South African government, there is little funding available from the public sector. So, athletes need to source their own funding.

Max has been invited to compete in Slovenia on June 4, 2022. But, he has been unable to secure financial support to participate. While he wanted to give up, Max lives by a different motto.

Instead, he is pleading to the public to assist with whatever donation is possible. Max thanks the team assisting him to arrange the trip to Slovenia, including Arnold Johannes, Maureen Pullen and Elvida Klue. In the meantime, he continues to gym, to build, to motivate and inspire.

If you would like to provide Max with assistance, please reach out to the Rolling Inspiration team at rollinginspiration@qasa.co.za. 



RAF CAPTURE

Following a RAF stakeholder round table discussion, **GEORGE LOUW** learns the troubles facing the organisation that result in the neglect of road crash victims

The Road Accident Fund (RAF) is a critical life-sustaining support fund for people with disabilities who sustained their disability during a motor vehicle accident. The QuadPara Association of South Africa (QASA) is an important stakeholder in the RAF. Many members became affiliated with QASA due to motor vehicle crashes.

So, when QASA received an invitation to participate in a RAF stakeholder round table discussion on March 1, attendance was mandatory. As the Gauteng-based QASA executive member, I was nominated to attend.

In preparation for the meeting, I requested the executives along with COO, Raven Benny, and former CEO, Ari Seirlis, list their concerns and discussion topics so that I can better represent QASA. The concerns were mainly about administrative issues; red tape and delays in payment. But two issues stood out:

- The funding of renovations to properties in order to accommodate the needs of the person with disabilities was allowed only if the person owned the property. So what about a young person living with relatives?

- The RAF pays the salaries of caregivers; however, all the respondents raised the concern that these payments are often late or delayed for a month or two. In addition, substitute carers in cases of annual or sick leave were not funded.

Regarding the first concern, it was explained that payments are made only to homeowners with disabilities as families often would use the funds for general repairs instead of appliances and ramps to assist the person with a disability. This begs the question: Why punish the innocent for the sins of the guilty? Surely better controls could circumvent this?

However, the burning issue was the erratic payment of caregiver salaries, as evident by an impassioned sketching of the situation by a quadriplegic member of QASA:

My main complaint with the RAF is that they often pay care assistant salaries late and sometimes long after the end of the month. Occasionally, they even fall a month or two behind. This really stresses me; leaving me having to dig into savings to pay my care assistants.

I can't fail to pay them at the end of the month or wait until RAF decides to pay. They also have families to feed and financial commitments. Besides, if they don't have money to come to work, then I don't have anyone to get me out of bed, catheterise me or wipe my butt, let alone feed me or give me a sip of water.

This is unacceptable, especially if all my paperwork and timesheets have been handed in on time. They must be paid on time before the end of the month or at the very least on the last working day of each month.

I also feel that the amount full-time primary care assistants are paid should be reviewed. Or maybe there should be a sliding scale depending on the level of one's spinal-cord injury? A high-level quad requires a high-level of care; therefore, someone with a lot more experience is required. A low-level quad or paraplegic is more independent, thus requiring less from their care assistants.

A care assistant taking care of a high-level quad often does things that would be expected from a fully qualified sister with years of experience in a hospital.

They deserve to be paid accordingly. If we are able to pay for top quality care, there would be a lot less other health problems; and, ultimately, cost the RAF less.

The monthly claiming process is quite difficult and I've lost track of when last the RAF has actually paid for my monthly medical expenses like sanitisers, catheters, linen savers, wet wipes, medication, not to mention physiotherapy. I would also like to mention that their communication with their claimants is non-existent. I only hear from my case manager through a closed WhatsApp group and only when she's asking for timesheets for care assistants to be submitted.

Information, like how to go about claiming monthly expenses or other major medical expenses, salary structures for care assistants and caregiver contracts, should all be available on their website. Maybe a monthly newsletter from them would also be a good idea?

Feeling myself adequately equipped to represent QASA at the RAF stakeholder meeting, I drove out to the Premier Hotel in Midrand only to find that the meeting turned out to be a bit of a misnomer.

There was no round table and the format was more of an information session with a two-hour question-and-answer (Q&A) session after lunch. There were about 100 attendees. The format was that of a conference rather than a stakeholder engagement.

The focus of the conference was on the management of initial claims submitted to the RAF, including dispute resolution, management of fraud and corruption, healthcare provider fees in claims submitted to the RAF and the general financial state of the RAF.

“ The burning issue was the erratic payment of caregiver salaries. ”

No attention was given to the claims administration of motor vehicle accident survivors with disabilities in the formal part of the conference, but it was extensively addressed during the Q&A.

And this brings us to the title of this article: “RAF Capture”. From the five talks in the morning sessions and Q&A session in the afternoon, it became quite evident that the RAF was being assaulted by role players from all levels. Greed from the outside and “couldn't-be-bothered” attitudes from within.

The first speaker presented a well prepared talk on the (new) role of mediation as an alternative or precursor to litigation in claims disputes between claimants and the RAF. In order to demonstrate the value of mediation in dispute resolution, the speaker and his team undertook to mediate in 100 RAF cases at no charge.

It was stated that mediation provided a safe space for parties to discuss settlement terms, as opposed to the aggression of cross examination during litigation.

After 73 cases were concluded, the mediation process achieved a 100 percent success rate

in settling disputes prior to litigation, with a calculated reduction in settlement cost from R130 million to R59 million.

I was astounded by the cost of arriving at a settlement. It demonstrated the size of the gap between claimant expectation and RAF offering. It is money lost to the real need, landing in the pockets of third parties. A later speaker estimated that up to 55 Cents in the Rand lands in the hands of third parties during the settlement process.

A representative of the Board of Health Funders stated that with the scrapping of the National Health Reference Price List (Medical Aid Tariff structure) in 2009 and the removal of the Ethical Ceiling for Tariffs, funders are obligated by law to pay healthcare providers whatever they charged.

He made an appeal for uniform tariffs and harmonised clinical and diagnostic coding, and alternative funding models (to fee for service). These issues have remained on the table, unresolved, for the 25 years that I was in the healthcare industry.

The third speaker gave a rather rambling, but entertaining critique on the ineptitude of the RAF as cause for litigation. He lamented the impact of fraud and corruption from all sides on the RAF (doctors, claimants and litigators), compounded by the absence of standardised procedures and processes within the RAF. He appealed for well-trained agents to facilitate out-of-court settlements. He also berated the lack of motivation and competence within the RAF.

The RAF Chairman spoke briefly, berating RAF for under-settling of claims, stating that it opens a litigation minefield and set the RAF up for failure. He stressed that mediators must be sensitive to this in reaching settlements.

The presentation by the RAF CEO was a lamentation. Too much of a settled claim goes into the coffers of intermediaries; clinicians milk the RAF by billing up to five times the medical aid rate; injured claimants try their luck for non-motor vehicle accident injuries.



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: yorslo@icloud.com

Within the RAF there appeared to be a culture of "tomorrow is another day". He even questioned the reason for the fund to focus only on road accidents while there were many victims from other sources of violence who are left with no recourse.


The Q&A session was to some extent taken over by people who wanted to make their own speeches, but one in particular was of note. A member of the audience thoroughly berated the RAF for their low carer fees and inconsistent payment. So, that box was ticked.

“ It is money lost to the real need, landing in the pockets of third parties. ”

The event was not what I expected, but it was informative, if somewhat disheartening. I recall a newspaper cartoon in the early 1990s. It showed three vultures picking the bones of a dead buffalo. The caption read: "Let's take what we can, while we still can." It seems the RAF has become yet another buffalo being picked bare by the greedy vultures of society; and all in the name of "assisting" the victims of road accidents.

At first glance, it would appear that the hangman's noose is tightening around the RAF's neck, but the reality is that the victims of road accidents, who are dependent on the RAF, are being hung out to dry. Just another tragedy in a country beset by ineptitude and greed, and by people seemingly too complacent to step up.

Fortunately, there are individuals, groups and organisations in our country that are stepping up; that have the courage to stand up and draw lines in the sand and say: "Enough! No more!"

It seems to me that we, the stakeholders of the RAF, must now also step up and out of our own comfort zones and draw a line in the sand, and say enough before the RAF becomes just another distant memory. 

BREAD TAGS TO WHEELS FOR CHILDREN WITH DISABILITIES

QASA donated wheelchairs to two learners from the Mason Lincoln Special School in Umlazi, KwaZulu-Natal, after the school collected bread tags. A third chair was donated by Polystyrene Association of South Africa. With the help of Umhlali Preparatory School, Mason Lincoln Special School collected enough bread tags over two years to receive three wheelchairs. This is the second wheelchair donation the school has received from the bread tags initiative.


The school notes about the donation: "It was a special moment when three Mason Lincoln scholars were lifted off of basic, borrowed wheelchairs with just had two straps as a seat to the comfortable padded chair."

In a personal letter to QASA, Mason Lincoln Special School Principal, Mrs Morolong, stated: "We would like to extend our sincere and heartfelt



ABOVE: Back row (from the left): Heather Botha, Senamile Cele and Mlu Khumalo. Front Row (from the left): Angel Mqadi, Okwethu Gumede and Sbahle Nxumalo.

appreciation for your contribution in securing two wheelchairs for our learners at our school Mason Lincoln Special School.

"These wheelchairs are really their feet and enable them to mobilise in and around the school and they allow them to function independently and explore their surroundings." 

WHEELCHAIR DONATED THROUGH FAMILY CARE




In March, Family Care Durban – a non-profit organisation based in KwaZulu-Natal – received a donation from Dis-Chem Watercress Mall in

Durban. It included two boxes of goodies along with a brand-new wheelchair and bath aid.

The organisation has been able to distribute seven wheelchairs over six months of which three were given to QASA.


With the newest addition, Family Care Durban once again reached out to QASA to learn of anyone in need of assistance. QASA COO, Raven Benny, directed the organisation to a person in the Free State in need.

Thank you to the Dis-Chem in Watercress Mall and to Family Care Durban. 

CUSHION DONATION

Member of the QuadPara Association of KwaZulu-Natal, Percy Mogane, recently received a ROHO Cushion with the assistance of QASA.

He thanks the organisation: "I write this letter to show my gratitude for helping me with the

purchase of the ROHO Cushion. Without your assistance my life was facing a risk of developing pressure sores which might lead to mortality. Thank you QASA. Keep on assisting others who seek help like me." 



TRAVEL INSURED

Travel insurance has always been important, but never more than now with travel so uncertain. **MANDY LATIMORE** takes a closer look

With the uncertainty of the travel restrictions worldwide and airlines halting flights for one or other reason, everyone should take out some form of travel insurance before setting off on a trip whether local or international. This should include general cover cancellation, curtailment and delays, comprehensive medical cover, and the loss of items like your luggage or cash and documents, which can easily get stolen or lost.

There are various options available for the traveller. These should be compared to select the best option with the most comprehensive cover fitting your budget. There are travel insurance companies that offer comprehensive policies. I always look at www.tic.co.za for a baseline. They offer cover for both leisure and business with options for youths, seniors and groups.

Credit card payments for air tickets offer some free travel insurance cover, but this usually does not offer sufficient monetary cover, especially for medical cover and cancellation cover for international travel. The cover offered by credit card payments should always be “topped up” as our current exchange rate is not favourable. Always ask the bank or your travel agent for these amounts which can be covered within the purchase of the ticket and the top-up options.

Some medical aid schemes offer additional medical cover for international travel, but it is not automatic. You need to contact the medical aid and ask for a letter confirming that you are covered for the dates of your trip. They also need to provide their emergency contact numbers should you require assistance. Remember that these schemes will not cover cancellation and curtailment.

With COVID-19 restrictions still applicable for most countries travel, it is always good to check that you have cover for a quarantine period should you contract COVID-19 while on holiday. Travellers are placed in a quarantine hotel at their own cost if they test positive.

South African passport holders are required by many countries to apply for visas. Part of the visa requirements include sufficient medical insurance cover. Please make sure that your travel insurance medical cover is sufficient for your visa requirements or they will reject your application. The following are important cover benefits in order to ensure sufficient cover (taken from TIC policy options).

INTERNATIONAL POLICIES

- Medical and related expenses (including illness or injury);
- War and terrorism;
- Medical transportation, repatriation and evacuation;
- Repatriation of children and travel companion;
- Burial, cremation or return of mortal remains;
- Compassionate emergency visit;
- Daily hospital cash benefit during your journey;
- Daily hospital cash benefit in your country of residence; and
- Quarantine expenses.

PRE-EXISTING MEDICAL AND RELATED EXPENSES

- Medical transportation, repatriation and evacuation;
- Compassionate emergency visit;
- Repatriation of children and travel companion; and
- Burial, cremation or return of mortal remains.

ACCIDENTAL DEATH

This falls under accidental or permanent disablement, which will result in the cancellation of your journey.

- International journey curtailment;
- International journey extension;
- International journey postponement;
- Missed connection;
- Travel delay;
- Weather conditions;
- Travel supplier insolvency; and
- Denied visa (South African passport holders only).

PERSONAL LIABILITY

- Hijack and hostage or wrongful detention; and
- Legal expenses.


LUGGAGE

- Cash and documents;
- Luggage delay; and
- Car rental excess waiver.

FOR LOCAL POLICIES MEDICAL-RELATED EXPENSES

- Medical transportation and evacuation;
- Burial expenses;
- Daily hospital cash benefit;
- Journey curtailment;
- Journey cancellation;
- Car hire;
- Accidental death;
- Accidental permanent total disablement;
- Car rental excess waiver;
- Personal liability;
- Luggage theft; and
- Travel delay.

Please remember that insurance is worked out on the length of stay with different rates for various cover periods and age groups. You can usually get group cover if there are a minimum of 10 persons travelling on the same itinerary. Children up to the age of 21 years old can share cover with their parents. You should purchase your cover as soon as your air ticket is purchased to make any claim (in case of cancellation or curtailment before departure date). In order to claim, you need to hold a departure and return air ticket.

Whichever option you choose, ensure that you are covered so that, should your trip be disrupted in any way, you have recourse to assist yourself and your family financially to reduce the loss of either your holiday or personal items. Happy Travels! 



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

**KULULA FLIGHTS HALTED**

An example of the unexpected delays that occur during travel is the sudden suspension of all Comair flights, including Kulula, which occurred on March 13. All flights from the organisation was halted when the South African Civil Aviation Authority spotted some safety issues. As a result, passengers were left stranded.

**CLICK HERE to
read more**

PREVENTATIVE CARE FOR YOUR POWER CHAIR

Regular maintenance on your power wheelchair can make it possible for you to use it for many years to come

Surprisingly, most wheelchairs are meant to be used for only a couple of years. Yet, many wheelchair users keep their chairs for a couple of decades. Simply put, chairs are expensive, so most opt to care for their chairs as best as possible to avoid having to replace it.

As veteran wheelchair user Ellah Zulu said during an interview in 2021: “For new wheelchair users, I would advise them to love their wheels as it is the only form of vehicle to assist in moving around.”

Fortunately, with some preventative care and regular maintenance, it is possible for

your wheelchair to remain in a good working condition for many years to come. Key to this is regular inspections of your chair, keeping it clean and having it serviced by qualified professionals. To make the maintenance of your power wheelchair easy, we’ve provided a little checklist.

If any issues arise while inspecting your wheelchair, be sure to contact the manufacturer of the chair or battery to have the issue resolved. It is not advised to attempt to fix your chair on your own unless you have the required skills and knowledge.

DAILY MAINTENANCE

CHAIR

Wipe down your chair with a damp cloth. Be sure to dry the chair and avoid any electronics. If you were in the rain or drove through water, be sure to wipe down your chair as soon as you get home. Leave it in a warm spot so that the rest of the water can evaporate.

SHROUDS (PLASTIC COVERS)

Check for any holes, marks or breaks in the plastic covering on your chair. Lightly jiggle the shrouds to make sure nothing has come loose.

BRAKES

Do a daily test of your brakes. If you have not needed to break during the day, there is a test that can assist in determining whether the brakes are working correctly. Turn down the speed on your chair, push the joystick forward until you hear the brakes click and immediately release the joystick or put it in reverse.

MOTOR NOISE

While it might seem difficult to spot an odd motor noise from your wheelchair, daily use will help you distinguish the normal from abnormal sounds. If your chair is second-hand, be sure to have it inspected by a professional to make sure there aren't any strange sounds. Increased motor noise could indicate worn bearings, misaligned belts or gears, and even frame problems.

WEEKLY MAINTENANCE

WASH

It is worthwhile giving your chair a proper clean every or every second week. To do so, use warm water with a little soap. Avoid the electronics. These can just be wiped down with a damp cloth. Pay close attention to the upholstery, frame and moving parts where dust and debris can get stuck. Tweezers or a toothbrush can be used to remove debris and clean in smaller spaces such as the caster axles.

TYRE PRESSURE

Check your tyre pressure by firmly pushing down on the tyre. If it gives more than 5 mm, it is necessary to add air. This can be done with a bicycle pump.

BATTERIES

While you will most likely have to charge your battery on a daily basis, it is worthwhile giving your battery a "maintenance charge" once or twice a week. This is when you charge your battery for a full 14 hours. Be sure to read the recommended charge time as provided by the battery manufacturer.

MONTHLY

NUTS AND BOLTS

Check whether there are any loose bolts or nuts and whether any are missing. These can be tightened at home. Be careful to not overtighten the bolts as this could strip the part, which makes it difficult to remove or replace it.

FRAME

Check the frame of your chair for any holes, bends, damage to the weld points, cracks or rust.

TYRE

Inspect the wear on your tyres. If the tread depth is low, it is time to replace your tyre. Also check for any cuts, holes or bubbles (bulges in the tyre) that can cause damage.

UPHOLSTERY

Inspect the armrest and back support for any rips, tears or stretched material. Look for any metal sticking through the upholstery. Check that the armrests are securely fastened.

FOOT SUPPORT

While there are a range of foot supports, it is always a good idea to check that the support functions as it should (for example, it can be moved if it is a swivel foot support) and whether there are any loose pins or bolts.

JOYSTICK

Check the stick and rubber at its base for any damage. Move your joystick and release it to see if it returns to its neutral position. For general preventative care, be sure to keep your joystick dry. Consider wrapping it in plastic when travelling in the rain and use a hair dryer to dry it if it gets wet.

QUARTERLY

SUSPENSION

Every three or so months, it is important to check whether the suspension on your chair is still sufficient as it will ensure a more comfortable drive. Check for any cracks on the paint or leaking fluid. Listen for any noise from your chair when driving over rougher terrain (for example a speed bump).

YEARLY

SERVICE

It is recommended to have your wheelchair serviced by the wheelchair manufacturer or a qualified profession every year or every second year depending on how frequently you use it.



AFFORDABLE PROSTHESIS IN WESTERN CAPE

If you are amputated in the Western Cape and make use of the government services to obtain a prosthesis, what can you expect? **HEINRICH GRIMSEHL** investigated and was pleasantly surprised

The Western Cape Department of Health Orthotic and Prosthetic Centre services thousands of people every year to make their assistive devices. There is a dedicated team of 14 certified prosthetist or orthotists (CPOs), five footwear technicians and three assistants. The prosthetic department is made up of a chief CPO, another five CPOs and a assistant.

The Centre makes all sorts of prosthetics, including below knee, above knee, hip disarticulation and arm prosthetics. The lower-limb prosthetics that are manufactured and fitted

to patients are usually quite basic to keep the cost down, but functional. These allow patients to walk (and sometimes run, with practice). The upper-limb prosthetics made at the Centre are only cosmetic.

The team at the Western Cape Orthotics and Prosthetic Centre pride themselves in making colourful prosthetics for children who can enjoy wearing them.

The approval criteria to get a prosthesis through the Centre is quite strict as there aren't any support staff available onsite to



MAIN: The Western Cape Department of Health Orthotic and Prosthetic Centre provides prosthesis for children.

ABOVE: The outside of the Orthotic and Prosthetic Centre.

RIGHT: The team at the Western Cape Department of Health Orthotic and Prosthetic Centre pride themselves on the colourful array of prosthetics.



assist the patient with walking, for example a occupational or physiotherapist. As a result, one of the shortlisting criteria is that the patient needs to be mobile on crutches to qualify for a prosthesis. This ensures that patients who do get a prosthesis are able to walk as opposed to them just sitting in a wheelchair. Some other approval criteria include:

- No flexion contractures;
- Stump bandaging;
- Good muscle strength;
- Healed and good scar mobility; and
- Patients need to be under 100 kg.

The components used to make the prosthesis at the Centre have a 100-kg weight limit; hence the weight requirement. An exception can be made if the patient has a special component ordered.

To get a prosthesis at the Centre, lower-limb amputees first need to be assessed by a physiotherapist at their local community health centre. The therapist will get the patient ready for a prosthesis in accordance with the above listed criteria.

Once the physiotherapist deems the patient ready for a prosthesis, they will be referred to an amputation clinic at Western Cape Rehabilitation Centre or Groote Schuur Hospital.

“ The approval criteria to get a prosthesis through the Centre are quite strict. ”

Once at the amputation clinic, the patient gets assessed by a physiotherapist and a prosthetist. If the patient is ready for a prosthesis, they get an appointment at the Centre to be measured.

A special thank you to Andrew Byett (Chief Medical Orthotist Prosthetist at Western Cape Department of Health) for preparing the information. ®



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

ACHIEVE AND MAINTAIN A HEALTHY WEIGHT

Whether you are losing or maintaining a healthy weight, there are some common, effective approaches to assist

While bodies come in all shapes and sizes, keeping a healthy weight is vital. This means different things to different people. Weight should always be calculated with your height, build and strength in mind. If, for example, you lift weights, you are likely to weigh more without posing a risk to your body. Nor does a fuller physique or an extra couple of kilos gained during the winter months or lockdown pose a serious risk.

The real concern is severe weight gain or obesity, which can lead to a range of cardiovascular diseases and other conditions, such as diabetes or high blood pressure. As many wheelchair users have a sedentary lifestyle, they are at a greater risk of weight gain.

There is a saying that abs start in the kitchen. While the saying speaks to the importance of eating clean when trying to build or define abdominal muscles, it applies to general health as well. Diet plays the biggest role in maintaining a healthy weight. It can also play a

crucial role in losing weight. There are several common ways to manage your diet to lose or maintain your weight.

RESTRICTIVE DIETING

The most common form of losing weight or keeping your weight controlled is through restrictive dieting. Often, when on a restrictive diet, you will follow a specific meal plan or cut certain foods from your diet, for example sugar or carbohydrates. Most commonly, it is a combination of the two. There are a range of diets to pick from such as the popular Keto diet which focuses on protein consumption.

While the right diet can help you lose weight or maintain a healthy lifestyle, restrictive diets are not a one-size-fits-all. Keto, for example, is not recommended for people who have high blood pressure or cholesterol as the amount of red meat and fat intake could be harmful. Thus, it is important to thoroughly research a restrictive diet or consult a dietitian before making major changes to your diet.



The safest form of restrictive dieting, which is sure to make a difference, is by cutting down on sugary food and drink, and highly processed foods, such as takeaways. Instead, focus on incorporating more fruit and vegetables into your diet.

CALORIE COUNTING

There are a certain number of calories or energy that each person needs to function. This will differ depending on a person's build, metabolism and activeness. Someone who exercises daily, for example, will burn more calories than their sedentary peers. Consuming too few calories will result in weight loss while too many will result in weight gain. The latter is often the most common cause of weight gain. People consume more calories than their bodies need, which is then stored by the body in the form of fat.

Calorie counting is simply calculating the amount of calories in the food you consume and sticking to a daily limit. There is no need to cut any food groups from your diet; however, you'll find that processed or sugary food and drinks take up a lot of calories without fuelling the body effectively. You will feel tired or hungry even after meeting your calorie intake for the day. Thus, many people automatically shift to healthier options that will keep them full.

While effective, this method can prove challenging as it requires vigilance over food intake, accurate calculations of calorie intake and lots of discipline. There are numerous apps that can be downloaded on your smart phone to assist with tracking your food and calculating calories.

INTERMITTENT FASTING


There are two main forms of intermittent fasting. The most common is refraining from eating for several hours a day. Many would fast for 16 hours and eat all their meals in the remaining eight hours. These eight hours can be at any time of day or night, but should be consecutive.

The alternative is to fast for two days within a seven day cycle. During these two days, regular meals are encouraged, but are restricted to very small portions. The aim is to have a very small calorie intake on these days.

This method is very effective in losing weight quickly. However, it is not recommended for everyone or for extended periods of time. People with diabetes, for example, should avoid fasting as it could lead to a drop in their sugar. Ideally, you should consult with your doctor or a dietitian before attempting intermittent fasting.

BALANCED MEALS

All the above methods are great at assisting with weight loss, but, arguably, less sustainable in the long term. Instead, it is advisable to use the methods to lose weight and then maintain your weight with the basics: Eating small, regular and balanced meals; incorporating many fruits and vegetables into your meals; avoiding sugary foods and drinks, processed foods and alcohol. This combined with light exercise can help you maintain a healthy weight.

If your weight gain is sudden and unexplained, consult a doctor. It can be an indication of illness, disease, or result from certain medications. 





IMPROVE YOUR HOSPITAL STAY

It can be a challenge for people with disabilities to be correctly cared for while in hospital. Fortunately, a simple form can assist

Every spinal cord injury is unique. As a result, each person requires a different level of care. This can pose a problem when admitted to the hospital. The medical staff might be unfamiliar or ill-informed on the needs of the individual or how to assist. For this reason, Dr Virginia Wilson drew up a document, designed by QASA, to assist when re-admitted to hospital.

“The purpose of the form is to give all the information regarding the care of any patient with a disability to the nursing and medical staff, which avoids many questions that can be very exhausting, especially if the person with a disability has a speech or hearing disability,” Dr Wilson explains.

By completing the form, quadriplegics and paraplegics provide information on their condition and the assistance required. The form includes general information like contact details, but also more details about care such as communication, bowel routine, bladder management and more. When asked whether the form should be completed before or during hospital stay, Dr Wilson expresses the urgency of having it completed beforehand.

“Ideally, any person with a disability should have the form before a planned admission,” she says. “Either they, their caregiver or family member can complete it and hand it over when they are admitted to the ward.”

It is also worth having the document completed and at hand in the case of emergency hospitalisation. There is the option of not completing it at all, but this could offer some challenges when admitted.

“It is very common that hospital staff don’t understand why the people with disability has to be cared for in a certain way, for example, a quadriplegic might need to be turned every four

hours in bed,” Dr Wilson notes. “The risks are great. People with disabilities often get pressure sores in hospital. Even something as simple as drinking becomes a huge problem if you cannot reach a glass or even hold a glass.”

The form has been used in practice. By making it more widely available, Dr Wilson hopes that all quadriplegics and paraplegics will be appropriately cared for.

“It is hard to implement as one is not always aware when patients are going in for a planned admission. The form needs to be publicised much more widely, copies kept in all rehab units around the country, sent to general practitioners (for example, the Academy of Family Practice) and disability organisation,” she explains.

Dr Wilson gives a personal example of how the form can be beneficial: “I recently had a quadriplegic and a paraplegic admitted as emergencies. There were not enough time to stop and do the form. Another person was admitted without my knowledge and had a dreadful time.

“One way around this is to make the various private hospital groups aware and have the form available so it can be completed to ensure the medical and nursing staff have some idea of the care required.”

Readers are encouraged to download the form from the *Rolling Inspiration* website. Complete it and keep it at hand when needed. Share the link with friends, family and anyone else who might benefit from the form. [R](#)

**CLICK HERE to
download the form**

OVER 100 RECORDS BROKEN AT 2022 TOYOTA SASAPD GAMES



The 2022 South Africa Sports Association for the Physically Disabled (SASAPD) National Championships, sponsored by Toyota South Africa Motors, was a momentous occasion, which saw a remarkable 108 sporting records being shattered. The Championships, which celebrated its 60th anniversary this year, took place from 19 to 22 March 2022. A total of 541 athletes participated in the Toyota-sponsored event, where 97 South African and 11 African records were broken. For the first time in 60 years, the games were hosted in Gauteng by the City of Ekurhuleni.

This sporting phenomenon, which qualifies as a World Para-athletics-sanctioned event, offering qualification opportunities and world ranking points for many international events, is organised by the SASAPD – the leading sports federation for people with physical disabilities in South Africa. The SASAPD promotes sport for athletes with disabilities and visual impairments from grass-roots to Paralympic level.

This year's championship, themed "Start Your Impossible", attracted entries in field and track athletics, boccia, goalball, CP football, judo, powerlifting, para-cycling and judo. Athletes from eight African countries were sanctioned by the World Paralympics Association to compete, thereby gaining valuable world ranking points and qualifying for the Commonwealth Games.

Among the individuals breaking records in the field (F) events was Anthony Butler, who set the F63 Javelin record for Open Men at 29,28 m and improved the Discus record in the same category from 19,01 to 27,03 m. Butler's contemporary in the F44 category, Rob Jones, similarly improved the Javelin record from 39,02 to 41,18 m.


Mandeline Hoffman (F44 Discus), Mziwadoda Camba (F43 Javelin), Katinka Fox (F38 Javelin), Tyrone Pillay (F63 Discus), Kim Macdonald (F64 Long Jump), Fabian Michaels (F35 Discus), Louisa Mapayini (F42 Shotput) and Kerwin Noemdo (F46 Shotput) were the other field sport record breakers.

Powerlifting saw three national records broken: the Northern Cape's Bonolo Lizwe made his mark in the deadlift (176 kg) and, hailing from the Eastern Cape, Alulutho Makapela and Mbasa Qilingele benched 55 kg and 83 kg respectively. Adrian van Schalkwyk was named best junior lifter and Marshall Marsh, best senior lifter.

President of the SASAPD, Moekie Grobbelaar, comments that the highlight of the 2022 event, beyond individual and team athletic performance, was the celebration of its 60th anniversary: "We are delighted that, after six decades, our athletes are still able to achieve their dreams, and set their targets for qualification in the 2024 Paralympics, to be hosted by Paris."

Toyota South Africa Motors is a long-standing sponsor of the SASAPD. According to Thabo Smouse, Special Projects Manager, the company entered into this partnership to promote the sporting codes offered at Paralympic level for athletes with disabilities. "These games have historically provided the country's top athletes with disabilities with a birthplace for their dreams and serves as a centre of excellence."

The sponsorship also promotes mobility: "Ultimately, Toyota believes that 'mobility' goes well beyond cars and that movement is a human right. Toyota believes that you can achieve great things when you move. This is why we are a proud partner of the SASAPD National Championships. We are wholeheartedly committed to unleashing human potential through the power of movement," explains Smouse.

For the athletes who challenged their limits at the SASAPD National Championships, this could be the start – or continuation – of great things. "We need to attract as many athletes as we can so that we can get more slots at the Paralympic Games. Toyota's sponsorship of the National Championships is key in achieving this goal," concludes Grobbelaar. 



IMPROVEMENTS OR ALTERNATIONS BY RENTERS

If I'm renting a property, can I adapt it for my disability needs? **CILNA STEYN** addresses the renter's dos and don'ts of home improvements or alternations

There is a common misconception that a lease agreement allows a tenant to utilise a rental property and make improvements or alterations to the property as if it is their own. In addition, there is a belief that such improvements or alterations benefit the owner, and thus they must reimburse the tenant accordingly.

This is in fact not the correct interpretation of the acquisition of the right of occupation, in the context of a lease agreement. As much as the tenant is entitled to the full, undisturbed use and enjoyment of the property in terms of the lease agreement, there are still many contractual, common law and other legal provisions that regulates and limits the way in which a tenant may use and enjoy a rental property.

A normal starting point in this respect is that a tenant will never be entitled to make alterations be it structural or otherwise to the rental property without the written consent of the landlord.

Any improvements or alterations made to the rental property will become the property of the landlord. In the context of immovable property,

the typical improvements and alterations become part of the immovable property which is owned by the landlord; and thus requires any improvements or alterations to be considered the property of the landlord.

“ Any improvements or alternations made will become the property of the landlord. ”

The only variation in this position would be where the parties agree, in writing, that this would not be the case. A tenant will not have a claim for alterations or repairs against the landlord unless the parties agreed that the landlord will carry the costs of such repairs or alterations.

Should a tenant require specific improvements, fixtures or fitting to the rental property to cater for



However, should the alterations become physically attached to the property, these alterations will become the property of the landlord who can elect to retain such alterations without any reimbursement to the tenant. Or they may require the tenant to remove such alterations and return the property in the same condition that it was received.

All such alterations and the restorations of the property will then be for the tenant's account unless the parties agree to a different position in the lease agreement.

Unfortunately, at this point in time there is no legal obligation on a landlord to ensure that a rental property is wheelchair accessible or caters in any other way for a tenant with a disability.

For this reason, it is absolutely essential to record all agreements relating to improvements and alterations between the parties as a special condition in terms of the lease agreement, to avoid any future disputes, misunderstandings and more importantly financial implications. [®]

the management of a disability, this must clearly be dealt with in terms of the lease agreement.

Let's say for instance, the prospective tenant would require wheelchair ramps for access to and movement in the property.

The common law position would be that, should these alterations or improvements be temporarily in nature, for instance a removable ramp, there is no need to address this in the lease agreement.



Cilna Steyn is the managing Director at SSLR Inc. Attorneys. She completed her LLB Degree at Unisa, after which she was admitted as an attorney in 2007. She co-founded Steyn & Steyn Attorneys. She regularly presents training session, where she advises groups of rental agents and private landlords on matters relating to Landlord and Tenant Disputes and broader scope Property Law related matters.

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WORK FROM HOME



As work from home becomes more mainstream, **RUSTIM ARIEFDIEN** takes a look at how people with disabilities can benefit

Persons with disabilities face many challenges. Economic empowerment opportunities, or the lack thereof, denies us the right to participate in the mainstream economy. One challenge is the availability of accessible transport. With COVID-19, the “work-from-home” craze has become a more pronounced phenomenon.

How does working from home empower people with disabilities to take better advantage of economic empowerment opportunities? One must have the temperament to work from home. You need to discipline yourself into a routine. When you have a job, it is easy to set an alarm, wake up and get ready for work. When one needs to get up and do a string of tasks for the day of your own free will, it is not easy. Skills such as effective calendar and time management is important. Within this context task management and the scheduling of tasks are necessary in achieving deadlines.

A typical skill set for working from home would include communication and computer skills. Jobs include call-centre work, data capturing, administration, bookkeeping and many other disciplines. With more formal employment, working from home will probably have fixed office hours. These fixed times will have similar routines as going into work, but with the advantage of saving on travel. This, of course, removes a major impediment for those with mobility impairments. Flexi-time is where the outcomes of tasks are measured and the “when” is less important.

Opportunities for working from home can be found on social media, by word of mouth or

through professional job searching sites. Social media can be used to promote your services if you would like to take a freelance approach – in which you determine your hours or workspace.

DreamXchange is an online hub that matches work-from-home professionals with potential clients. This is a free service with which to register. When considering working from home, one must have the necessary equipment. A computer or tablet are the entry-level tools that are absolutely necessary. Together with a reliable internet connection and phone would get most jobs done.

The Microsoft Office Suite with Outlook, Word and Excel are popular, but products from Google such as Gmail, Tasks, Docs and Sheets can be used as well. There are many other options from which to choose. E-mail and messaging are important communication tools. So is video conferencing where apps such as Microsoft Teams, Zoom and Google Meet are the more popular. Take note that a decent camera would be needed for this activity.

Should you wish to work from home as a business, I strongly recommend formalising your business. It is easy to register a business today and there are many online services to assist in this regard. You could approach organisations such as Small Enterprise Development Agency and National Youth Development Agency. You could apply for business funding through the Small Enterprise Finance Agency. This strategy can be a solution for those who have successfully completed QASA’s Work Readiness Programme. There are opportunities for people with disabilities out there. We just need to look for them. [R](#)



Rustim Ariefdien is a disability expert extraordinaire who assists businesses to “let the Ability of disAbility enAble their profitAbility” through BBBEE, skills development, employment equity and socio-economic development. His purpose is the economic empowerment of persons with disability in Africa. As a person with a disability himself, he has extensive experience in the development and empowerment of persons with disability.

BEAUTY OF BEING MINDFUL

Mindfulness is often praised as a very helpful and beneficial practice.

JOY DUFFIELD takes a closer look

The health and beauty industry is slowly bringing in more mindful breathing techniques to ensure relaxation prior to or during treatments. We encourage clients to quietly focus on the present moment and how it feels, including mindful breathing.

Being mindful is so beneficial to maintain both physical and emotional health. It does not discriminate with any physical disabilities. Nor does it require elevated levels of energy. It is about focusing on one simple task for a few minutes a day.

Scientifically proven health benefits of mindful meditation include reduced stress levels and anxiety, reduced heart attack rate, increased immunity, lengthened concentrations span, improved sleep and even pain control. Plus, there are no negatives! There are several reasons and depths for meditation, for example spiritual, mantra, movement and even loving kindness.

I am by no means an expert in these fields, but have had a taste of the benefits. Mindful meditation classes are available to teach and guide one into the realm of this relaxation. Some are available online. The full practice of mindfulness reduces stress in part by helping people to tune into and care for their experiences and painful emotions, rather than ignoring or pushing it away.

In South Africa, I am aware of one global Mind-based Stress Reduction Programme (MBSR), which is an eight-week programme and covered by some medical aids. As introduction, why not give a little mindfulness a try...

Sit in a comfortable position. A quiet area where one will not be disturbed is most appropriate, but being mindful can be done anywhere, at any time with a little bit of focus. Set a timer with a gentle notification for five to 10 minutes. Cast your gaze downwards or close your eyes.

Take three to six deep breaths, breathing out slowly. Relax your facial expression and drop our shoulders. Continue to breathe normally while focussing on your breaths. Feel the air coming in your nostrils, down into your lungs. Take note of how your chest rises and falls. Notice the lull before you take a new breath.

This may sound like an easy task, but you will soon find your mind wandering! No need to be concerned, it is perfectly normal. As soon as you realise that your thoughts have wandered, take them back to your breathing. Continue to do this whenever necessary. You will find that with time you will be able to focus on the breathing for longer.

Alternatively, you can allow your mind to take you to your dream place. It could be walking through a forest, lying on the beach, or standing at the peak of the highest mountain. Here again, one will find the thoughts diverging away from the dream spot. Do not judge yourself or obsess over the content of the thoughts when they wander. Just gently take your thoughts back to your happy place.

That is it. That is the practice. It has often been said that it is quite simple, but it's not necessarily. It does take patience, but with great rewards and health benefits. **R**



Joy Duffield has been a C4-C5 quadriplegic since 2005. She is the owner of Beauty Academy International, an international training Institute for the beauty industry and a distributor of hair and beauty products in South Africa.

$$6. \quad 3(4^2 + 1) = 30$$

HELPING YOUR CHILD WITH EARLY MATHS

Many dislike maths, but it's an important tool. **EMMA MCKINNEY** discusses ways to teach kids maths through everyday activities

Many people think that maths only involves school-based sums and algebra. Not everyone finds maths easy and sometimes we pass on our anxieties to our children. Maths is important for more than just passing exams. We need it for so many daily activities from paying for shopping, estimating how long a trip takes to get home to planning what we are to do each day and in what order. Here are some fun activities that help with developing early maths skills.

COUNTING CARS

This game teaches basic addition and classifying. It can be played when driving your child to school or accompanying them in a taxi. Let the child decide what colour or make of car they would like to count. For example, they could count red cars or Toyota cars. Each time they see one, they need to count it and add them up. After five minutes, you can see who has the most cars.

WASHING UP

Teach your child estimation, classifying and counting while doing the dishes! After washing the dishes, talk about the different utensils that they see. Ask them to guess how many spoons, knives or forks they see. Don't count these items, rather take a quick look and estimate how many of each they think there are. You can jot these estimations down. Then let your child sort the cutlery into categories (for example, group all the spoons together). After they categorised the items, ask the child to physically count each one (get them to move each item as they count). Get the child to see how close was their estimation.

SOCCER COUNTING

Teach basic addition through soccer! Set up an informal goal outside and find a football. Invite a few children to play. Get the children to count how many times they can kick the ball into the goal.



Dr Emma McKinney is a lecturer at the University of the Western Cape. She is also the owner of Disability Included, a company specialising in disability research, children, and employment of adults with disabilities. email: emma@disabilityincluded.co.za


HOUSE NUMBERS

Teach your child to count in twos, odd and even numbers. As you walk or drive down a road read out the house numbers. Show your child that on one side of the road the houses will have even numbers (12; 14; 16), while on the other side of the road, the houses will have odd numbers (13; 15; 17). Explain that they are counting in twos and, depending on the age and ability of your child, you can start introducing two-times table ($1 \times 2 = 2$; $2 \times 2 = 4$). Ask your child to try guess what number will come next, and what house number you have already passed.

MAKING A MEAL

When cooking, teach your child about sorting and sequencing. Find an old newspaper, magazine or shopping catalogue or advertisement. Get your child to carefully look through the pictures and select a meal that they would like to make. Have them to find the ingredients that they would need to make their meal (for example, image of flour, sugar, salt, oil and water to make a loaf of bread).

Let them cut or tear out these images and lay them out in. Using the pictures they have selected, chat about in what order they need to mix or cook the ingredients. (For example, to make bread, first I have to mix the flour, salt and sugar together. Then I need to slowly add the water and oil and stir it.) This will help your child to learn basic sequencing.

Think of other fun activities and games that you could do with your child using materials that you have around you (for example, recycling, stones, seed pods). Find items that you child likes and use these in your activities (for example, cars, books). Use words and ask questions involving maths words like "more and less;" "bigger and smaller;" "faster and slower;" "lighter and heavier". 

A VOICE FOR THE VOICELESS

Author Karen Lazar offers a voice to those who are unable to speak out through her literary work *Echoes*

There are a billion ways to be a human. People with disabilities are no more or less human than their peers. A message that author Karen Lazar hopes to bring across in her second literary work, *Echoes* – a book of poetry and prose that portrays Karen's journey as a person with a disability. While she doesn't believe she speaks for everyone, Karen hopes that by sharing her personal experiences, she will offer a voice to the voiceless.

"I'm very fortunate to still have language. Many stroke survivors lose theirs," she explains. Two decades ago, a 39-year-old Karen Lazar suffered a stroke after a 12-hour operation, which resulted in paralysis of the left side of her body. She now uses a wheelchair, but fortunately still has the ability to speak and write.

In fact, Karen is an English lecturer of professional literacies at several physical and virtual campuses in Johannesburg. She first explored her experience as a stroke survivor in her collection of creative non-fiction pieces titled *Hemispheres: Inside a stroke*.

Her second book offers an off-centre and seated view of the world. *Echoes* focuses on three parts. Cranial Echoes is all about the perception change that Karen experienced after her stroke. Joburg Echoes speaks about "the world from a seated position".

As a wheelchair user, Karen is well versed in the accessibility challenges throughout Johannesburg. She remarks: "Sometimes I wonder if this is in fact still Johannesburg." By exploring the challenges of navigating the city, Karen calls attention to the failures in accessibility.

The third section, Cyber Eches, is all about navigating the internet, including dating, as a person with a disability. Karen shares her personal experiences while delving deeper into sexuality and intimacy – a topic that she feels is taboo for many, but very important to discuss.



LEFT: Author Karen Lazar.


RIGHT: *Echoes* is a collection of prose and poetry about Karen's experiences as a person with a disability.

Through *Echoes*, Karen aim to highlight the humanity of people with disabilities and the challenges that they face on their journey to be viewed as a complete person with complex desires, needs and aspirations like everyone else. Something often missed by society.

She specifically hopes to reach medical practitioners who have a tendency to overlook the humanity of their patients in her opinion. Karen explains: "Patients are often objectified. I believe that testimonies and narratives help them understand the humanity of disability, the wholeness of a patient."

She recalls her own experience. During rehabilitation, a physical therapist remarked to Karen that it must have been difficult to wake up as half a person. "I hope the book encourages doctors to listen," Karen adds.

Readers are encouraged to imagine what it would be like to face similar struggles. As Karen notes: "That imaginative leap is so important in embracing disability rights."

Delve into the world of people with disabilities for a better view of their perspective with *Echoes*, which is available in all good bookstores and online in e-book format. 

REBUILDING AFTER A SCI

Partners of people who sustain a SCI are deeply affected. **DANIE BREEDT** provides some insights

When a partner experiences a spinal cord injury (SCI), it doesn't mean that your relationship is over even if your physical, emotional, intimate, and parenting roles may change to accommodate to your partner's capabilities. Everything may seem different. It has a definite impact and it can be helpful to know that you're not alone in your experience. A SCI happens to the partners of those with it as well. It's different for every couple. Researchers have described the experience in three phases.

First is the negative impact on the partner's life because of the injury. This is an uncertain waiting period with feelings of powerlessness as you watch your partner from the side-lines with your own needs becoming secondary. Partners often have the greatest need for support at this time.


Then comes a time of feeling isolated or separated from your partner. There is a long period of separation while you manage the overwhelming tasks of a household or family during a partner's rehabilitation and discharge process. The third phase is the struggle to re-establish a "new normal" as a couple. This phase often includes grief and loss, being overwhelmed, exhausted, feeling inadequate, vulnerability and feeling depressed. Building a relationship is a two-way street. Your partner's SCI is part of your sexual health and should be included in your decisions, thoughts, and feelings. Try to build trust with each other and have open dialogues about your relationship.

From the research, there are several aspects that you can focus on to help navigate this difficult time. A helpful place to start is by

understanding their injury. This can be done through conversations and by reading up. The better you understand the injury, the easier it will be to find ways to overcome barriers in your relationship. A SCI involves many complications that can bring down your partner's confidence and self-esteem. It can cause feelings of shame or guilt over how their injury has changed (or will change) your sexual relationship.

Building trust can include being honest about your feelings and non-judgemental as well as present with your partner wherever they are at. Make time outside of the bedroom to talk about your sex life together. If you withdraw sexually because of body image, fear of erection problems, or fear of not satisfying your partner, they may worry that you are no longer interested. In some cases, you may find that your partner is less concerned about intercourse and more interested in foreplay and other forms of sexual satisfaction. Discuss the strong and weak points of the whole relationship, not just the sexual relationship.

Adopt a view of collaborative problem solving as opposed to viewing the person with the injury as the problem. Approaching intimacy and other aspects of sexual health with SCI as an exploration can help prevent both partners from comparing it to past experiences; thus allowing it to be what it is for the two of you. It might be helpful to find a community where you can engage with others who have been through similar experiences such as online forums or support groups.

Whichever route you choose, being proactive in addressing relationship difficulties is much more likely to lead to long term satisfaction. 



Dr Danie Breedt is a passionate scholar-practitioner in the field of psychology. He divides his time between training, research and clinical practice. Danie works from an integrative interactional approach in psychotherapy, dealing with a wide range of emotional difficulties and sexual rehabilitation for patients with disabilities. He is the co-owner of Charis Psychological Services, a psychology practice that specialises in physical rehabilitation across South Africa.

SASAPD HOSTS WORLD BOCCIA AFRICA REGIONAL CHAMPIONSHIPS



The South African Sports Association for the Physically Disabled (SASAPD) hosted the World Boccia Africa Regional Championships in collaboration with the World Boccia Sports Federation – the organisation responsible with governing Boccia and representing the sport on the global stage.

The World Boccia Africa Regional Championships was held in Ekurhuleni region, Johannesburg, from 16 to 23 May. It was the first international Boccia event to be held on the African continent. [R](#)



SA BEATS JAPAN AT START OF CUP

The South African wheelchair tennis team beat Japan 2-1 on the first day of the BNP Paribas Wheelchair Tennis World Cup, which took place from 2 May to 8 May in Portugal.

Japan were the 2019 champions. The two countries also faced off in 2021 for the bronze medal for the quad world group contest.

South Africa also faced Argentina and Brazil in the first pool of the Cup. Unfortunately, the team was unable to beat the steep competition.

The Wheelchair Tennis World Cup includes men, women, quad and junior wheelchair tennis. Good luck to all the athletes with their competitions that remain. Visit the Tennis South Africa website for updates on the competition. [R](#)

YOUNGEST WHEELCHAIR USER TO DO BACKFLIP

Ben Sleet is believed to be the youngest wheelchair user in Europe to perform a backflip at a skate park. The 12-year-old from Oxfordshire, England, has spina bifida.

After five years of training, he was finally able to perform the impressive feat according to an article published BBC.

Ben said that it takes a lot of practice to do a backflip. He added: "You get stronger in your arms and build your way up. You just have to eventually go for it." [R](#)

[CLICK HERE to read more](#)



CLASSIFIEDS

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QASA HEAD OFFICE

Website: <https://qasa.co.za/>

Telephone: 031 767 0352

E-mail: info@qasa.co.za

Address: 17 Hamilton Crescent, Gillitts, KwaZulu-Natal, 3610

QASA REGIONAL ASSOCIATIONS

GAUTENG NORTH

Telephone: 012 320 2572

E-mail: manager@qagn.co.za

Address: 10 Bloem Street, Pretoria Central, 0002

GAUTENG SOUTH

Telephone: 011 782 7511

E-mail: quadgs@icon.co.za

Address: NG Church, Brakenhurst, Alberton, 1147

KWAZULU-NATAL

Telephone: 031 701 7444

E-mail: qpak@itelsa.net

Address: 19 Second Ave, Ashley, 3610

NORTH WEST PROVINCE

Telephone: 018 468 8303

E-mail: huisservaas@telkomsa.net

Address: 16 Rothman Street, Wilkoppies, Klerksdorp, 2571

WESTERN CAPE

Telephone: 021 975 6078

E-mail: info@qawc.org

Address: 5 Newhaven Street, Durbanville, 7550

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Contact the QASA Head Office for all projects and services, including Driving Ambitions, Work Readiness Programme and QuadPar Transport, an accessible transport service based in Gauteng.



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