

# APD NEWS

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Affiliated to



The National Council for Persons with Physical Disabilities in SA

## WHEELCHAIR TENNIS COMES TO CAPE TOWN

**P**rotea Sports Club in Retreat has been ear-marked by Wheelchair Tennis South Africa to host a demonstration of the sport to the club's wheelchair athletes.

While a date has not been set yet, Protea chairperson Steve de Lange said he was keen to host the demonstration. "We have wheelchair rugby, table tennis, archery and basketball so it would be great to have another way to get more disabled people active in sport," said de Lange.

Wheelchair Tennis South Africa rolled out its wheelchair tennis drive with a coaching session at the Portland indoor centre in Mitchell's Plain last week. WTSA manager, Karen Losch, said the association is keen to get the sport up and running in Cape Town.

While the organization is still young, wheelchair tennis players have been rolling around on courts for 12 years before it was formally affiliated to the South African Tennis Association (SATA). "Wheelchair Tennis South Africa has two aims: we want to get as many players as possible and develop world class competitors. "The responses so far have been positive and players have said that they enjoyed it most when facing opponents on their level," said Losch.

She said wheelchair tennis players cater for paraplegics who have a men's and women's division and quadraplegics, those who have had three limbs affected or amputated, take part in one division with no gender separation.

Once WTSA has a foothold in a province, Losch said they run programmes at schools and community centres once a week.

They have set up programmes in Mitchell's Plain and Khayelitsha and are looking to expand their base of operations. The Association starts by giving demonstrations to schools such as Eros School for the disabled then establishes contacts in the area and assigns regional coaches to maintain the sport.

Once it is established, WTSA provides basic equipment, where it can, to schools and players in the area. "We would love to



Photo courtesy Wheelchair Tennis South Africa

get more players involved. We are short on chairs and coaches at the moment but we have focused approach where we provide support to a particular province for three months before moving to the next one," said Losch.

"Wheelchair tennis is the fastest growing disabled sport in the world with an ever-expanding base of players. South Africa hosts up to six international circuit events a year," she said

The game is similar to able-bodied tennis except wheelchair players are allowed two bounces. The wheelchairs needed for the game are similar to chairs used in wheelchair basketball except there are no guard rails to protect them from collisions with other wheelchairs.

When starting out, players can use their regular chairs, although this is not ideal. But, if they improve, or decide to take the sport to the next level, they can get sport wheelchairs to become competitive. However, these wheelchairs can cost up to R20 000. A basic sport wheelchair costs about R12 000, said Losch. Once they have chairs, players need to have some spare tyres and tubes because of the wear the wheels take on court.

"It is an art and players do need to learn about the mobility as well as the chair. Some of the best players in South Africa and the world don't need to use the second bounce because they're as quick, if not quicker, than able-bodied players," said Losch.

For information call Karen Losch on 083 325 1169.



westerncaperehabilitationcentre

## LEARN TO SWIM PROGRAMME

The WCRC Facility Board Health and Wellness Centre is inviting persons with a disability to participate in the above programme.

The WCRC Health and Wellness Centre, opened in January 2009 under the auspices of our Facility Board, is proving to be a huge success.

We offer Water-Fun, Water-Wise, Water-Safe and Learn to Swim programmes for persons living with a disability, and are in the process of recruiting 4 disabled persons / primary caregivers to train as Assistant Swim Coaches. The freedom of movement and buoyancy that the water programmes provide to both adults and children with physical and intellectual disabilities, is just amazing to observe!

The Learn to Swim programme covers various aspects such as understanding water, pool rules, breathing, floating, arm movements and kicking in strokes. Those persons who are more accomplished swimmers will be assisted to learn the finer details of crawl / freestyle, backstroke, breaststroke and butterfly.

Ms Donna Fraenkel, the Swimming Coach, currently provides Learn to

Swim programmes on Tuesdays – Thursdays at WCRC for persons with disabilities. All persons with disabilities and their primary caregivers are welcome to participate. You do not have to be able to swim to attend, as the swimming coach will assist and guide each person individually, according to their ability. Participants are **booked on a “first come, first served”** basis. Should you wish to participate please **contact Teresa Weppenaar at (021) 370-2313.**

Please ensure that you bring your own towels, bathing costumes and refreshments, especially drinking water, as the pool is heated and you could quickly become dehydrated.

The Gymnasium Programme, is run by Jaques Lloyd (C6 quadriplegic with a Masters in Adapted Physical Activity) and supported by Mandla (ex-client, paraplegic) allows PWD to “bridge” the divide between rehab and attending a main-stream gymnasium. Clients are really enjoying the work-outs and individualised programmes. (Note: Main-stream Gym Facilities in our indigent communities are non-existent / unaffordable to most persons with disabilities). Contact Mansur Cloete on (021) 370-2300 to join the Gymnasium Programme.

*“The freedom of movement and buoyancy that the water programmes provide ... is just amazing to observe!”*

### SOCIAL GRANTS

From 1 April 2009, disability and care dependency grants, and the old age pension, will increase to R1010 per month; foster care grants increase to R680 per month while child care grants increase to R240, extended to 15 years.

Income threshold for old age and disability adult grants has increased from R1900 to R2200 per month.



sponsored by Checkers  
Hermanus 9 May at 09h00

**Participants:** People with disabilities in wheelchairs and able-bodied athletes (runners). The level route has the most beautiful views of sea and mountain. The Relay race no. 3 is a unique team race consisting of both athletes with disabilities in wheelchairs competing together with able-bodied athletes.

<b>RACE 1</b>	<ul style="list-style-type: none"> <li>• Hand cycles, Tricycles, Racing chairs</li> <li>• Senior athletes 16 + yrs (Runners)</li> </ul>	<b>21,5 km</b>	Mostly level with two small uphill sections.
<b>RACE 2</b>	<ul style="list-style-type: none"> <li>• Wheelchair athletes</li> <li>• Senior athletes 16 + yrs (Runners)</li> </ul>	<b>10 km</b>	<ul style="list-style-type: none"> <li>• Wheelchair athletes with disability of lower limbs only</li> <li>• All runners 16 + yrs</li> </ul>
<b>RACE 3 RELAY</b>	<ul style="list-style-type: none"> <li>• Wheelchair athletes</li> <li>• Senior athletes 16 + yrs (Runners)</li> <li>• Junior Athletes &lt; 16 yrs (Runners)</li> </ul>	<b>5 km</b> <b>5 km</b> <b>5 km</b>	Individual or team entries will be accepted. Prizes for three categories athletes and team.
<b>RACE 4</b>	<ul style="list-style-type: none"> <li>• Motorised chairs, scooters.</li> </ul>	<b>5 km</b>	
<b>RACE 5</b>	<ul style="list-style-type: none"> <li>• Wheelchair athletes</li> </ul>	<b>1, 3 km</b>	<ul style="list-style-type: none"> <li>• Athletes with a disability of the upper limbs only.</li> </ul>
<b>FUN WALK</b>	<ul style="list-style-type: none"> <li>• Open to all members of the public. Assistants will be allowed.</li> </ul>	<b>4,3 km</b>	<ul style="list-style-type: none"> <li>• Anything with wheels. No self-propelled devices. Only lucky draw prizes.</li> </ul>

**Prizes and lucky draws - worth more than R35 000 to be won. Prizes 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> for men and women, as well as wheels and runners in each category.** Information and entries on [www.hermanusrace.co.za](http://www.hermanusrace.co.za) Please enter before 24/04/2009 to ensure T-shirt and medal.

**Transport** sponsorship available -apply early please.

**Accommodation** available in chalets (R140 per person includes 2 nights) or camping sites. Athletes and carers will receive preference. Limited beds available -please send your application as soon as possible. Contact Colleen at 0716083993 or [colleenblij@live.co.uk](mailto:colleenblij@live.co.uk) More accommodation on website.

**Contact details:** Enquiries: Tel. 028-3121889. Fax: 086 6090932.  
Karin Coetzee Cell 082 9233 201. E-mail: [info@hermanusrace.co.za](mailto:info@hermanusrace.co.za)

## APD PARTNERSHIP WITH QASA



In line with the partnership that Western Cape APD has with the QuadPara Association Western Cape, we will be joining with QASA on both the Buckle Up – we don't want more members Campaign, as well as Bags of Hope. Watch this space for more details on these exciting projects!



## BITS & PIECES



It is with great pride that we announce the newest member of the APD family – **Plettenberg Bay APD!** Pictured with Johan Joubert and Neva Smith of WCAPD, are Mr Tony Lubner (Chairperson), Ms Lindelwa Mnweba (Manager) and Mr Sipiwe Dladla (Vice-Chairperson). They boast a day care centre for children with disabilities, Die Sterreweg.

**Witzenberg APD** het fondse gekry vanaf die Weskaap Departement van Maatskaplike Ontwikkeling om maatskaplike dienste en fasiliteite te ontwikkel, en sodoende ontwikkelende maatskaplike werk dienste te lewer aan persone met gestremdhede in Ceres en omgewing.

'n **Maatskaplike werker**, mev **Elise Koopman**, is aangestel en word administratief ondersteun deur me **Niki Strydom**. Die maatskaplike werker is tans besig om 'n **gemeenskap-** en kliënte profiel op te stel.



*L na R : Elise Koopman (maatskaplike werker), Dotty van Dyk (komiteelid), Sr. Hester Truter (Voorsitter), Niki Strydom (administratiewe beampte)*



**Cape Town APD** participated in the **Chaperone Project** towards the end of last year, arranging an outing for 23 children with disabilities to Fish Hoek beach. Sasko Sam entertained the children, while there was also face painting, games and swimming activities.

Grateful thanks go to the donors : Toy Run, Enterprise Bakery, Methodist Church and the Lions Club.

Once again **Western Cape APD's Christmas Card ladies** arrived at our offices for their annual tea, and handed over a cheque for R4 200.

These are retired ladies who meet twice a week over a cup of tea and a chat, to recondition Christmas cards for the Association. We are told that the oldest member of the group has been involved for almost 60 years! What an example of volunteerism!



The **Telkom Foundation** has donated 10 standard wheelchairs to the Western Cape APD Roll-In Shop, for use in our wheelchair bank. The wheelchairs are available to the public for hire and may also be utilized by persons with disabilities who require a hire wheelchair while theirs is being repaired. Children from Astra School entertained the donors with singing and wheelchair dancing.

...from the HR desk

## TOP WAYS TO SHOW APPRECIATION TO EMPLOYEES OR CO-WORKERS

You can tell your colleagues, co-workers and employees how much you value them and their contribution any day of the year. No occasion is necessary. In fact, small surprises and tokens of your appreciation spread throughout the year, help the people in your work life feel valued all year long. Here are some ideas to show your appreciation to employees and co-workers:

- ◆ Write a personal note to the employee or co-worker, even make a copy and place the recognition in the employee's file.
- ◆ Praise something your co-worker has done well. Identify the specific actions that you found admirable.
- ◆ Say "thank you". Show your appreciation for their hard work and contributions. And, don't forget to say "please" often as well. Social niceties do belong at work. A more gracious, polite workplace is appreciated by all.
- ◆ Ask your co-workers about their family, their hobby, their weekend or a special event they attended. Your genuine interest – as opposed to being nosy – causes people to feel valued and cared about.
- ◆ Offer staff members flexible scheduling for the holidays, if feasible. If work coverage is critical, post a calendar so people can balance their time off with that of their co-workers.
- ◆ Know your co-worker's interests well enough to present a small gift occasionally. An appreciated gift, and the gesture of providing it, will light up your co-worker's day.
- ◆ Create a fun tradition for a seasonal holiday (e.g. draw names for a "secret Santa gift exchange". One company says the following: "We celebrate Treat Tuesday, every Tuesday between Thanksgiving and Christmas. We match up departments or people who don't normally work together as a unit and assign a day to provide gooey, healthy or scrumptious treats for the other groups. It's a great mixer, an opportunity to show off our culinary skills and a morale builder – to say nothing of the sugar high!")
- ◆ Bring in doughnuts or another treat for staff and co-workers. Offerings such as cookies or cupcakes, that you've baked personally, are a huge hit. (Have you tried baking cupcakes in ice cream cone? People love them.) Another hit? Bring chocolate – chocolate anything.
- ◆ Provide opportunity. People want chances for training and cross-training. They want to participate on a special committee where their talents are noticed. They like to attend professional association meetings and represent your organisation at events.

These are just a few, non-costly ways to show appreciation to employees and co-workers. Stretch your imagination. There are hundreds of other employee and co-worker appreciation ideas just waiting to be found. They'll bring you success in employee motivation, employee recognition and in building a positive, productive workplace.

*With acknowledgement to Susan M. Heathfield*

### DATES TO DIARISE

7th of every month

ComAudit & social work reports due

23–25 March & 11–13 May

NCPPDSA Social Work Workshop

30 March–2 April

Child Care & Education

Strategic Planning Workshop

17 April & 8 May

CEO teleconference

27–29 May

Fundraising Workshop

5 June

Lollipop Day

## INKLUSIEWE ONDERWYS IN ST. HELENABAAL

**W**es-Kaap APD het met die plaaslike ACVV kindersorgsentrum in St. Helenabaal gesels oor die moontlike plasing van 'n kind met 'n gestremdheid in hul fasiliteit. Ondanks die vennootskap wat tussen APD en ACVV bestaan, het die sentrum ingestem. Onder is 'n terugvoer vanaf die Bestuurder van die sentrum -

*Baie dankie vir gister se besoek en al die inspirasie! Vandag het soveel verrassings opgelewer, ek wil graag vertel:*

*Enid en Akhonda het vir Dozi, uitgevat in rooi en wit, blink skoon en in die nuwe karretjie van suster Stephanie, crèche toe gebring.*

*Mnr. was besig, toe het ek hulle op 'n begeleide toer deur die crèche geneem. Die personeel het dadelik nuuskierig nadergestaan en allerhande vroeë gevra....dit was die eerste keer dat hulle met 'n waterhofie te doen gekry het. Haar vriendelike gesiggie het hulle gou oorrompel en het gretig hulp aangebied. Die "potty-trainers" het vir hul die prosedure/roetine in die fynste detail verduidelik. Die peuterjuff het hulle na haar klaskamer genooi, die dik kryte uitgehaal, papier gegee en haar gewys hoe om die kryt vas te hou....dit blyk dat die linkerhandjie dit dominante is, alhoewel sy dit dadelik na die regterhand verplaas het toe 'n 2de aangegee word deur een van*

*die klasmaatjies. Sy het ook vir Enid 'n groot sagte bal gegee en gewys hoe om die gooi- en vangtegniek te bemeester.....Dozi het dit vreeslik geniet, sy het goed opgewonde geraak. Ek was regtig baie verbaas oor die positiewe reaksie as ek net terugdink hoe hulle botweg geweier het om haar in die klas in te neem toe ek van haar vertel het. ( Ek het net weereens besef dat hulle nie maklik blindelings wil waag nie.) Ek het toe die voorstel gemaak dat sy partykeer kan kom kuier, waarop hulle toe gereageer het.' Ten minste 1 keer per week....so tree vir tree gaan ons daar kom.!*

*Ons het agtergekom dat sy baie netjies uit 'n beker kan drink, maar dit is moeiliker om met 'n lepeltjie te skep en die kos by haar mond bring, haar armpies is baie styf....soos wat se kundiges is daar toe aan die ouma strekoefeninge demonstree!*

*Hul besoek was so 'n verrykende ervaring, gedurende ons etensuur het die personeel nogal baie belangstelling getoon in gestremdhede en veral watter uitdagings dit aan almal stel.*

*Wou maar net laat weet. Baie dankie vir al die opoffering en hoop jul was nog betyds om aan Alet se behoeftes ook aandag te kon gee.*  
Annaline

**Wat 'n wonderlike tree vorentoe vir inklusiewe onderwys!**

## Have Wheels Will Travel

**A**t least, that is how the old adage goes. **But in reality, this 'one size fits all' formula doesn't work for everyone. Especially not when the wheels in question happen to be fitted to a chair!**

For many people, going on safari is a dream that can be realized with a bit of sound financial management, and hopefully despite the biting credit crunch. But for some it can remain an unattainable goal, even if you do happen to win the lotto. This is for one good reason – if you happen to be a 'physically challenged' traveler. You may recall recent headlines about a group of disabled international tourists who flew down from Johannesburg to Cape Town. They arrived safely at their destination, only to be told that their wheelchairs had not been loaded onto the aircraft with them. Not only was it a humiliating experience for the passengers themselves, but it also revealed how little the airline knew about handling particular types of disabilities, let alone the glaring oversight of allowing the passengers to fly without their

lifelines.

There are an estimated 650 million people worldwide with a variety of disabilities, from physical to sensory impairments, and many of these individuals want to be able to travel around the world to experience new places, especially Africa.

Because of the lack of easy access and facilities, the mother continent can give the impression of being 'dark' and unwelcoming as a holiday destination for disabled visitors – and this without any assistance from Eskom!

The terrain of the country makes it challenging, and to have the correct information and the right type of specialized equipment available to make things work properly takes a lot of organizing and commitment. However, for those looking to experience real Africa, there is now a shining light at the end of the proverbial tunnel, thanks to a visionary young couple who has established an adventure travel company for disabled travelers and their families – Endeavour Safaris.

Sylvia and Mike Hill have travelled extensively,

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and have seen firsthand how facilities for the disabled in Europe make it easy for them to participate in mainstream tourism activities. Even the beaches have specially adapted wheelchairs available for hire, displayed proudly alongside the more traditional sunbeds, so that every square meter of sand can be utilized by all tourists without discrimination. At the height of season, the typical Italian beach resort is so densely populated that it's hard to identify a single island of sand between the sandwiched bronze bodies and parasols. Even so, everyone gets an equal opportunity to take part in and enjoy what the coastline has to offer. Travelling south of the equator and closer to home, we are far more fortunate when it comes to the land per capita ratio, and yet **we're still prone to 'personal space invasion'** syndrome if we feel our neighbours are getting too close. We accept space as our inherent right, and with it our mobility to get around and travel.

Despite our panoramic landscapes, pristine environments and world-class tourism facilities, **we don't offer much to encourage physically challenged travelers** to visit Africa. As a result, we have probably lost a number of potential visitors who have felt more comfortable going elsewhere. Yet the open space we have around us is the perfect key ingredient for creating an environment where disabled guests can feel welcome and accepted. In urban areas there are certainly some good facilities in place, but outside city boundaries it is like venturing into the unknown without a safety net. Sylvia and Mike Hill decided that it was high time to change the parameters.

Mike is passionate about Africa and its wildlife. He and Sylvia forged ahead with their plans to create possibilities and to meet the international market demand. The most positive impact for disabled travelers has been the opportunity to travel to Botswana and Namibia, with planning already underway to make Mozambique the next disabled – friendly destination. Travel to these areas has not previously been possible with mainstream tour operators, because of the uneven ground and lack of safari accommodation facilities. Endeavour Safaris has designed its own fully fitted tents and specially reserves private campsites where the ground is hard and even, rather than sandy and lumpy.

The custom – designed tents are spacious – 10ft x 15ft – each equipped with a chemical

toilet and bucket shower, a high backed shower chair and flexible showerhead. Each unit has ten large has ten large screened and netted windows to absorb every waking moment of the African bush and at the same time keep insects out. The beds are mattresses on a sturdy cot base with warm duvets and pillows. Even with luggage there is still adequate room to wheel around.

Not content to accept basic factory – fitted vehicles, Mike has used his knowledge and ingenuity to make them even more comfortable, so that transportation is state-of-the-art. His commitment and belief is that we can offer a fantastic holiday experience to everyone, and that disability should not be a barrier or an excuse to prevent visitors from getting out into nature. His expertise in the field even makes it possible to get mobile dialysis facilities for clients if they should need it.

Recently the Tourism Grading Council of South Africa (TGCSA) incorporated a universal access assessment into the traditional grading process for the hotels and guesthouses. This new requirement is not only aimed at increasing local awareness, but it's also an integral part of the **United Nation's millennium development goals**. As it becomes second nature to the tourism industry to consider this aspect more actively, it should build a better level of understanding and help to reduce exclusion. In time it will increase the number of places that are willing and able to welcome disabled guests. There are certainly signs of more efforts being invested to enhance facilities at our main tourism attractions and places of interest. At the same time, the market demand for international travel by physically challenged travellers is growing rapidly, and events around the world for the disabled are increasing.

As well as operating a comprehensive range of day tours around Cape Town and the peninsula, it is not unusual for the visitors to go paragliding, game fishing, or even perhaps on a treetop **canopy tour**. In fact, the members of Mike's groups often have much stamina and more fun than the rest of us, perhaps because of the way they must negotiate the challenges of day-to-day living. Despite any physical adversities, their zest for life gives them just as much entitlement as anyone else to be real out there adventures!

For more information, contact Endeavour Safaris on 021- 556-6114,

E-mail [sales@endeavour-safaris.com](mailto:sales@endeavour-safaris.com), or visit [www.endeavour-safaris.com](http://www.endeavour-safaris.com)



## COURAGE TO DREAM

By Engela Nel



Since we at APD have started to focus on **client development plans and “career-pathing”**, I have heard the following so many times:

**“Our clients don’t know how to ‘dream’ or “Our clients are stuck in their comfort zones and are to scared to risk new endeavours.”**

How courageous are we as APD staff to **dream? Because, let’s face it. Dreaming can be dangerous.** Dreams has been my most faithful friend and worst enemy, in times due to orthopaedic immobility or those dark swamp periods, which some people call depression. During these times I often felt like life was just passing me by. I was only a spectator. A background character in a soapie. Instead of the leading lady in my own life story.

Dreams are what got me through these difficult times. I made my own bucket lists of what I would do if the plaster of paris comes off, when I can put down the crutches, get up from **the wheelchair, when I don’t have to wear the nasty leg brace anymore.** Those days my dreams were simple. I would dream about the things I could do with my friends, the sports I could participate in again. Fashionable clothes I could wear and places I could access again. Once some of these dreams became a reality, I was almost disappointed in the little satisfaction it gave me. After one of my operations, the PT teacher brought me a small hockey stick from Pretoria. After a year of playing substitute for the social team, I realise I hate hockey. The field is too big, the fellow team-mates too fast and all I ended up doing, is running around like a clown, after a ball that never came within 20 meters from my hockey stick. The few times, the ball came my way, I got so scared, I ran away instead of **hitting it. Yet if it wasn’t for those dreams, I would probably had very little encouragement and hope to make it through another day.**

Some dreams were scary. I was too scared to verbalise it even to myself. I remember an incident when I was thirteen years old. The Alabama Student Company from Potch came to town. My mom bought tickets. It was shortly after an operation that left both my legs in plaster of paris from toe to hip and me wheelchair bound. I LOVED the show. Yet, seeing all these students dancing and singing in high heels and colourful outfits so easily and graciously, made me wanted to cry forever. I thought to myself, even if the plaster of paris does come off and I can move around without the wheelchair, I will never be able to wear those outfits and dance like that. I will only end up looking like an Oros man, making clumsy moves. It took almost twenty years for the dream of moving graciously over the dance floor, to come true. The bottom line is, that my dream did come true and it was even more

*“The bottom line is, that my dream did come true and it was even more lovely than I ever could have imagined.”*

lovely than I ever could have imagined.

I am sidetracking. Back to dreams and career development. Just imagine that for a moment you are standing at the beginning of your career. Money is not an issue. You can become ANYTHING or ANYONE you want to be. Forget about reality and real life rules for a moment.

What images and fantasies are popping up in **your mind’s eye?**

Circus acrobat? Olympic gymnast? Airhostess? Private detective? Lawyer? Artist? Coffee shop owner? Running a boutique hotel? Travel agent? Housewife and full time mom? Medical doctor?

Who of you are too scared to verbalise these dreams in fear of others making fun of your fantasies? Are you too scared to dream in fear of how far removed your fantasies are from real life and the danger of living in resentment, for not being able to realise these fantasies?

Today I want to encourage you to make little bits of those dreams come true in your everyday living. Say for example, you have always dreamt of touring France. Here are a few ideas.

Go to your nearest library. Borrow some tourist guides on France. Put pictures up from beautiful France settings; discover France through **other traveller’s journals. Buy yourself a CD with French Café music. Try out some French recipes. How about having a pot supper. Invite friends over. Everybody brings a typical French dish, dress up like a Parisian and share his or her favourite French fantasies/music/experiences. Don’t forget the wine!!!**

Now. Try this in your work. So you want to be running a coffee shop. Start with your office. Make it an inviting space – for you to work in as well as having interviews with clients. Does your office currently resemble a welfare storage room? Take a Saturday, bring in the kids to help you, put on some funky music and start getting rid of the junk that takes up your desks and shelves. File that which needs to be filed and throw away the other stuff that has been lying there since the turnover of the Millennium. Maybe you can have a little tea/coffee corner in your office. Get a nice tray and place some beautiful matching cups on there with a matching sugar bowl and milk holder. Maybe you have a nice teapot you want to display there or buy a plunger to be able to enjoy proper coffee. The management committee is probably not going to authorise these expenditures. Take some money out of your own pocket and go and visit

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places like Crazy Store and Discom, if you don't have something at home for these purposes. See it as an investment in your job satisfaction. What else would you like in your coffee shop?

Soft background music, plants, tasteful art-work? Why not bring it into your office? Can't afford the real Frida Kahlo. Make a colour copy out of a book and laminate it. If you were running that coffee shop of your dreams, how would you dress? Maybe long flowering skirts with lots of hippy beads. So why stick to black pants and pinstripe blouses for your real life job? Need more storage space? Go to your nearest Fruit & Veg, ask for some tomato crates and spray paint it a colour that goes with your office/s colour scheme. For a moment forget about the idea that you are a social worker/admin clerk or project manager. Imagine you are turning your office into a little coffee shop and look at the space with a fresh view.

Now, how can you make the rest of your offices more cosy and inviting for clients? A place where persons with disabilities feel welcome

and special. Daydream. Look in magazines for ideas. Over teatime share your ideas with colleagues. Get everybody's input. Once you got a theme and colours, go to paint shops and donors and try to find as many of these things. Not just will you experience a sense of joy when you enter your workspace, it will also be more pleasant for clients, the public and potential donors to come and visit. Maybe the next you know, you have started a little coffee shop where persons with disabilities are the waiters, preparing the beverages and baking the sweet treats?

What is it about your dreams that appeal to you? Is it rendering a service to people, looking groomed and professional? Creating an inviting space? Giving free reigns to your creativity? Solving problems? How can you bring these fun factors to APD?

The possibilities can go on an on. The bottom line is. Dare to dream! Start integrating your dreams into real life. And maybe, just maybe our clients will start to recognise their own dreams and ambitions.



Sam of Ocean View APD was spotted at Imhoff Farm near Kommetjie, selling his leather goods. Sam took great pride in showing me his handiwork. He also sells calendars on behalf of Ocean View APD.

Keep up the good work, Sam! You are creating awareness amongst tourists of persons with disabilities.

## OVPG deel in Kasadi se droom

VREDENDAL – Vir die Olifantsrivier Vereniging vir Persone met Gestremdhede is hierdie 'n hoogtepunt in die bestaan van die organisasie.

Hansie en Rina de Vries van Lutzville het in samewerking met die OVPG die negejarige Kasadi se droom bewaarheid deur aan hom 'n rolstoel te skenk.

Hansie wat werk in die DRK (Demokratiese Republiek van die Kongo) het gereeld vir Kasadi oppad dorp toe gesien, terwyl hy op sy maag seil. Die kind het die gebruik van sy bene verloor toe hy polio as baba gehad het. Hierdie prentjie het Hansie aan die hart gegryp en hy het homself belowe om 'n verskil in Kasadi se lewe te maak. Deur middel van 'n tolk het die twee mekaar beter leer ken en het Hansie ook uitgevind dat die seuntjie beide sy ouers verloor het in die oorlog tussen die Hutu's en die Tutsi's waartydens hulle vermoor is. Hansie het sy vrou, Rina gekontak waarna sy met me. Ina van Rhyn by die OVPG geskakel het. Me. Van Rhyn het 'n Tuffy rolstoel (versterkte rolstoel) ter waarde van ongeveer R4 000-00 vir Kasadi



Lutzviller, Hansie de Vries by die negejarige Kasadi in sy nuwe wiele

voorgestel. Sonder huiwering is die rolstoel bestel en is Hansie terug DRK toe met sy kosbare geskenk. Die vreugde wat die geskenk aan Kasadi verskaf, het nie 'n prys nie.

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# Focus on ... Muscular Dystrophy

## What is muscular dystrophy?

Muscular dystrophy (MD) is a broad term that describes a genetic (inherited) disorder of the muscles. Muscular dystrophy causes the muscles in the body to become very weak. The muscles break down and are replaced with fatty deposits over time.

Other health problems commonly associated with muscular dystrophy include the following:

- heart problems
- scoliosis (a condition that causes the back bones to curve)
- obesity.

The most common form of muscular dystrophy is called Duchenne's muscular dystrophy (DMD). Duchenne's muscular dystrophy usually affects only males. It occurs in one out of 3,500 live male births. Muscular dystrophy rarely affects girls, and when it does the condition is normally not as severe.

## What causes muscular dystrophy?

Duchenne's muscular dystrophy is a genetic disease, which means it is inherited. Our genes determine our traits, such as eye color and blood type. Genes are contained in the cells of our bodies on stick-like structures called chromosomes.

There are normally 46 chromosomes in each cell of our body, or 23 pairs. The first 22 pairs

are shared in common between males and females, while the last pair determine gender and are called the sex chromosome pair: females have two X chromosomes, while males have one X and one Y chromosome.

Duchenne's muscular dystrophy is caused by an X-linked recessive gene. For this reason, a woman can carry a recessive gene on one of the X chromosomes unknowingly, and pass it on to a son, who will express the trait or disease. Therefore, half of the daughters have the gene and can pass it to the next generation. The other half do not have the gene and therefore cannot pass it on. Half of the sons do not have the gene and cannot pass it on. The other half of the sons have inherited the gene and will express the trait or disorder (in this case, DMD).

## What are the symptoms of muscular dystrophy?

Muscular dystrophy is usually seen in children before the age of 5, with weakness typically affecting the shoulder and pelvic muscle as one of the initial symptoms. The following are the most common symptoms of muscular dystrophy. However, each child may experience symptoms differently. Symptoms may include:

- clumsy movement
- difficulty climbing stairs
- frequently trips and falls
- unable to jump or hop normally
- tip toe walking.

## How is muscular dystrophy diagnosed?

The diagnosis of muscular dystrophy is made with a physical examination and diagnostic testing by the child's physician. During the examination, the child's physician obtains a complete prenatal and birth history of the child and asks if other family members are known to have muscular dystrophy. Diagnostic tests for muscular dystrophy may include:

- blood tests
- muscle biopsy - the primary test used to confirm diagnosis. A small sample of muscle tissue is taken and examined under a microscope.
- electromyogram (EMG) - test to check if the muscle weakness is a result of destruction of muscle tissue rather than nerve damage.
- electrocardiogram (ECG or EKG) - a test that records the electrical activity of the heart, shows abnormal rhythms (arrhythmias or dysrhythmias) and detects heart muscle damage.

## Treatment for muscular dystrophy:

Specific treatment for muscular dystrophy will be determined by the child's physician based on:

- the child's age, overall health, and medical history
- the extent of the condition
- the type of condition
- the child's tolerance for specific medications, procedures, or therapies
- expectations for the course of the condition
- **The parents' opinion or preference.**

To date, there is no known treatment, medicine, or surgery that will cure muscular dystrophy, or stop the muscles from weakening. The goal of treatment is to prevent deformity and allow the child to function as independently as possible.

Since muscular dystrophy is a life-long condition that is not correctable, management includes focusing on preventing or minimizing deformities and maximizing the child's functional ability at home and in the community.

Management of muscular dystrophy is either non-surgical or surgical. Non-surgical interventions may include:

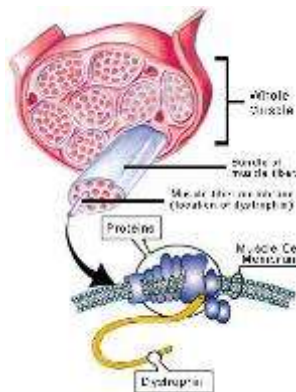
- physical therapy
- positioning aids - used to help the child sit, lie, or stand
- braces and splints - used to prevent deformity, promote support, or provide protection
- medications
- nutritional counseling
- psychological counseling.

Surgical interventions may be considered in some cases.

## Long-term outlook

Muscular dystrophy is a progressive condition that needs life-long management to prevent deformity and complications. Walking and sitting often becomes more difficult as the child grows. Usually by the age of 12, the child needs a wheelchair because the leg muscles are too weak to work. Heart or lung problems often occur by the late teenage years or into the early 20s.

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