NEWSLETTER

EDITION 6

APRIL 2024

INSIDE THIS ISSUE:

IMPORTANT DATES TO REMEMBER:

1. **ISCOS 2024:** *22-25 September 2024, Antwerp, Belgium. Visit www.iscosmeetings.org for more*
2. **Wings For Life:** *5 May 2024*
3. **SCI Injury Day:** *Observed 5 September 2024*
4. **SASCA 2025:** *Dates to be confirmed*
5. **SCI Gauteng Workgroup: Intermediate Management of a Patient with Spinal Cord Injury Workshop:** *Dates TBC*

ISCOS 2023 REPORT

Written by Melanie Skeen

My attendance at the ISCoS congress held in Edinburgh October 2023.

A great thank you to SASCA for allowing me to attend the ISCoS congress in Edinburgh last year. I started off my visit by participating in a visit to the Princess Elizabeth Hospital in Glasgow; we were almost washed away en route, as there was heavy rain, but it was awesome to see the research wing at the hospital and the spinal unit and the services they offer. They have a courtyard within the hospital with a garden within it; there are little brick, glass fronted pods scattered around the Horatio's garden to enable people access to the beautiful garden whilst providing protection from the elements at the same time. This is all managed by volunteers.

Then, I attended a networking meeting which was held with ISCoS affiliated societies. It is great to see colleagues from different

countries in the world who are all passionate about SCI.

The congress began in full swing on the Monday, and decisions, decisions, decisions as to what to listen to and what not, with so many posters available to look at too.

As always, it's indispensable to be able to listen to the latest research regarding SCI and to look at outcome measures and practical on the floor experience in many different countries around the world. Many different professionals were there and great networking opportunities presented themselves.

I would really encourage any of you if the opportunity ever arises, to attend an ISCoS congress but even so before that make sure you are at the SASCA congress next year!

RESEARCH REPORT

Motivation to Physical Exercise in Manual Wheelchair Users With Paraplegia

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BACKGROUND: Motivation could be considered as a critical factor for being and staying physically active in the spinal cord–injured population. OBJECTIVES: Our goals were (1) to describe motivation to exercise in people with paraplegia, comparing those who engage in regular physical exercise with those who do not and (2) to establish whether such motivation is related to the type of physical exercise practiced. METHODS: This study was quantitative, cross-sectional descriptive research. One hundred and six participants with chronic paraplegia completed the Spanish version of the Exercise Motivations Inventory (EMI2). Participants were divided into the non-exerciser group (NEG) and the exerciser group (EG). EG was subclassified into sports players (SPs) and physical exercisers (PEs). RESULTS: Participants in both EG and NEG presented a similar motivation toward physical exercise. The most important motive to practice or to adhere to exercise in participants with SCI was ill-health avoidance (mean, 8.45; SD, 1.33). Fitness was the second most important motive (i.e. nimbleness, flexibility, strength, and endurance). Motives that distinguished EG from NEG included enjoyment and revitalization [$t(41.9) = -2.54$, $p < .05$, $r = 0.36$], competition [$t(56.8) = 2.24$, $p < .05$, $r = 0.28$], and health pressure [$t(104) = 3.22$, $p < .01$, $r = 0.30$]. Furthermore, we found that motivation was related to the type of physical exercise performed. SPs showed a statistically significantly higher score for competition and enjoyment and revitalization than PEs ($p < .05$). CONCLUSION: Ill-health avoidance and fitness are the key motivational factors to practice and adhere to physical exercise. Motivation is related to the type of physical exercise performed. Health providers need to understand these factors to promote and sustain long-term adherence to exercise in the SCI population. *Key words: exercise training, health, physical activity, spinal cord injuries, wheelchair.*

For full research details, please contact SASCA.

The prevalence and profile of spinal cord injury in public healthcare rehabilitation units in Gauteng, South Africa

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STUDY DESIGN: Retrospective medical record review. OBJECTIVE: To determine the prevalence and describe the profile of persons with SCI (PWSCI) admitted to public healthcare rehabilitation units in Gauteng, South Africa. SETTING: Specialized public healthcare rehabilitation units in Gauteng, South Africa. METHODS: Medical records of PWSCI admitted to public healthcare rehabilitation units between 01 January 2018 and 31 December

2019 were pursued. Data were collected anonymously and then summarised using descriptive and inferential statistics. Significance was set at $p < 0.05$. RESULTS: 386 of 998 participants (prevalence 38.7%) were admitted following SCI and the mean age was 36.9 years. Most participants were male (69.9%), with females significantly more likely to sustain a NTSCI ($p < 0.001$), which was the least common cause of SCI (34.9%). Those sustaining a TSCI were found to be significantly younger than their NTSCI counterparts ($p < 0.001$). Assault was the leading cause of injury (35.2%). A positive HIV status with the presence of comorbidities were found to be significant risk factors for developing a NTSCI ($p < 0.001$). Most injuries were between T7-T12 (39.9%) and were complete (56.9%). The mean rehabilitation length of stay was 85.6 days, with a mortality rate of 6.48%. CONCLUSIONS: Gauteng has the highest global proportion of TSCI due to assault. South Africa has again shown that more females sustained a NTSCI – likely owing to a high prevalence of HIV and tuberculosis. There is a need to strengthen SCI prevention strategies, particularly targeting assault in young males and infectious causes in females and older populations. Further epidemiological and outcomes-based research is required for PWSCI.

For full research details, please contact SASCA.

SCI WORKGROUP: A FOLLOW UP

Written by Jessica Morris

In March 2024, the Gauteng SCI Workgroup ran the 3rd Basic Spinal Cord Injury workshop which is a workshop aimed at all healthcare professionals to improve the general knowledge and management of spinal cord injured patients.

This course was run in the Modderfontein NICD and 198 participants from various private and public facilities attended over a period of 3 days. This is a CPD accredited course and is run entirely by voluntary professionals, who have dedicated their time and expertise to training those working with this group of patients, to better managing caring for them as well as their families.

A variety of topics were presented including general medical management, bowel and bladder management, assessment techniques and tools (outcome measures), presentation and expected functional outcomes of quadriplegics and paraplegics, goal settings for spinal cord injured patients, sexual function post SCI and community re-integration.

A variety of medical suppliers were also present to display products specific to the management of this group of patients, and to share knowledge on resources relative to this community.

Overall, the feedback from the course was largely positive with most attendees rating the course as hugely beneficial. The Workgroup has started setting up plans to run an intermediate workshop later this year which will now start focusing on discipline specific skills.

INFO CORNER:

Returning to Driving After a SCI

Adapted from auto-mobility.co.za

Regaining the freedom of driving after a spinal cord injury can be one of the most freeing experiences however this is an important process that needs to be followed to ensure drivers, passengers and other road users remain safe.

It is possible to drive a vehicle after a spinal cord injury, however, this should be done in

consultation with the correct healthcare professionals who can assess clients and recommend suitable adaptations to ensure the driver is able to fully operate and utilise the vehicle. Car adaptations and modifications can be done to existing vehicles, and adapted vehicles can be imported, however the kinds of cars that can be imported are currently limited mostly to vans. Though this is usually an expensive expedition, some healthcare providers argue that this still offers drivers/wheelchair users independence, while reducing long-term shoulder damage associated with normal transfers.

It is important that all drivers undergoing return to driving assessments follow an in-depth assessment process which includes a medical assessment and clearance assessment from their healthcare practitioner, functional assessment of physical ability to operate vehicle controls, cognitive assessment to determine abilities to operate controls while making adequate problem solving and multi-tasking, reaction speed tests, visual screening and processing speeds, in car assessments and on-road assessments.

Many equipment supplier companies can assist with car modifications and adaptations and can help with securing these modifications to the vehicles.

Once drivers have been declared fit and have passed all necessary competency testing, and all recommended modifications have been fitted to the vehicles, amendments to driving licenses need to be done which can be done through local traffic departments. Certain modifications can also be submitted for tax rebates though the initial costs for modifications are usually for the clients/driver's pocket.

It is always recommended that when returning to driving, drivers follow a gradual driving regime to ensure they feel comfortable, confident and can gain experience in their 'new body' and their 'new car'. This will ensure they remain safe and can regain confidence!

For more information please visit Rolling Rehab or Auto-Mobility.co.za. Please also remember to consult with a specialized medical practitioner and occupational therapist if you are considering returning to driving post SCI!

ROLLING REHAB
Enabling Mobility

Enabling Mobility – Giving Back Independence!

Autonomic Dysreflexia

QASA Information card

Adapted from QASA

Autonomic Dysreflexia (AD) increases the blood pressure in the body that can lead to strokes or a heart attack. It is common among people with a spinal cord injury C6 and higher. Despite its frequency, there is little known or understood about the condition – even in the medical field!

Therefore, our members are encouraged to carry our AD information card with them at all times. It can offer caregivers, doctors, emergency response or strangers offering assistance valuable information on how to assist the individual. It acts as a check list of sorts.

What does AD look like?

When experiencing AD, the individual might complain about a headache or nausea, be flushed or red faced, have red blotches on their skin, be sweating above the level of injury, and have cold or clammy skin with goose bumps.

What causes AD?

There is a wide range of things that can cause AD. Spasms or intercourse could trigger an AD episode. It could also be hidden causes such as gallstones or kidney stones. It is important to consult a doctor who is well versed in the condition. There are several more obvious causes for which a caregiver can check such as the following:

- An overfull bladder or rectum.
- Pressure sores, haemorrhoids, ingrown toenails, injury, burn wounds, a sprain or fracture below the level of injury.
- Suctioning of the upper airways.

How do I respond to AD?

When someone experiences AD, the following steps are recommended:

- Sit the patient up to help lower the blood pressure.
- Loosen all tight clothing.
- Check for all the things that trigger AD.
- Call a doctor with AD knowledge.

For more information on AD and the causes of the condition, please visit the QASA website on https://qasa.co.za/autonomic-dysreflexia-information-card/.

QR CODE FOR DOWNLOADABLE AD CARD AT END OF NEWSLETTER

IMPORTANT DATES TO REMEMBER:

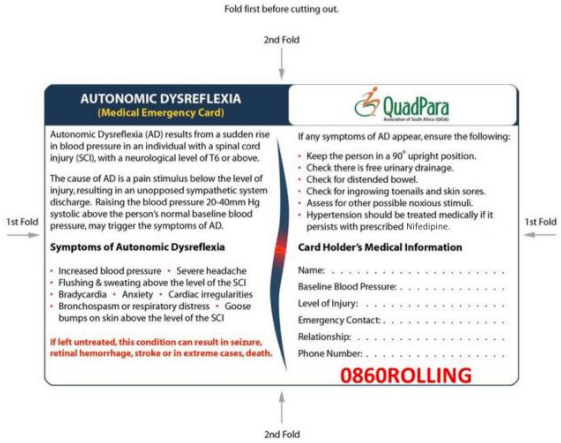
Wings For Life: 5 May 24

Go to: https://www.wingsforlifeworldrun.com/en **to register!**

ISCos 2024: 22-25 September 2024

Register: https://zibrant.eventsair.com/63iscos/Ipcurrindividual/Site/Register

QASA Autonomic Dysreflexia Card



Scan the QR Card or Visit qasa.co.za to download the AD card!

CONNECT WITH US!

Why join SASCA?:

- Access to latest developments/research in SCI
- Access to workshops and congresses at a reduced rate
- Opportunity for CPD points
- Help build the body of knowledge to improve quality of care of spinal injured persons
- Networking with colleagues

Southern African Spinal Cord Association

membership@sasca.org

or

info@sasca.org

Adaptive Sports Fund

GAUTENG PROVINCE
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