



NEWSLETTER

EDITION 5

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SASCA 2021 Report

Written by Melanie Skeen

The 14th Biennial SASCA congress was held in Stellenbosch from the 3rd-6th November 2021.

The theme was Spinal Cord Care: The Next Decade.

IMPORTANT DATES TO REMEMBER:

1. ISCOS 2022

15-18 September 2022, Vancouver Convention Centre with Online Access. Visit www.iscosmeetings.org for more

2. SCI Injury Day

Observed 5 September 2022.

3. SASCA 2023

Dates to be confirmed

4. SCI Gauteng Workgroup: Basic Management of a Patient with Spinal Cord Injury Workshop for all Health Care Workers

1-3 August 2022. NICD Centre, Modderfontein. Register at <https://forms.office.com/r/M6NRxrN93K>

The location was idyllic and it was our first hybrid congress. We had 3 international speakers namely: Dr Johanna Wangdell, Dr Marcalee Alexander and Nizirah Hasan who all spoke remotely but answered questions and interacted with the audience.

We were academically stimulated with awesome talks such as Global warming and SCI and Sexuality and SCI presented by



Marcalee Alexander, as well as Nerve and tendon transfers by Dr Johanna Wangdell. Dr Ernst Scriba (our vice chair) presented the history of the treatment of SCI. Much research being done all over South Africa was presented as well as interesting case studies.

Apart from the stimulating academic input we also availed ourselves of the opportunity of amazing networking and great social lunches and teas. We had a scuba demo during one lunch by The Handicapped Scuba Crew with whom we could join in the pool to experience it all for ourselves too.



The Biennial AGM was held all be it a year late due to COVID-19 and a new committee elected.

New SASCA Committee:

- President: *Currently Unoccupied*; Prof Mac Lukhele has resigned after many years of faithful service and awesome input. A big thank you to him for many years' service and passion for SCI
- Chairman: Melanie Harding (Skeen)
- Past Chairman: Dr Vee Wilson
- Vice Chair Medical: Dr Ernst Scriba
- Vice Chair Allied: Kholofelo Mashola
- Secretary: Candice Smit
- Treasurer: Shirley Eberlein
- Website, Newsletter and Website Liaison Officer: Jessica Morris
- Membership: Prof Conran Joseph

- Education and Research: Kholofelo Mashola and Juliette Stander
- AFSCIN: Elma Burger africasci@gmail.com

We are looking forward to a great 2022/3 and want to plan a fabulous congress for 2023.

Any suggestions regarding venue, speakers and subject are always welcome. Email us on info@sasca.co.za

ASIA UPDATES: TRAINING HELD BY DR RONALD REEVES

Written by Jehan Ebrahim

On the 25th of March and 1st of April 2022, a two part lecture series was hosted by AFSCIN and presented by Dr R. Reeves, a specialist in spinal cord medicine on the international standards for neurological classification of spinal cord injuries (ISNCSI).

International Standards for Neurological Classification of Spinal Cord Injuries (ISNCSI) more commonly referred to and known as the ASIA impairment scale was developed by the American Spinal Injury Association to classify people with spinal cord injury based on a standardised motor and sensory assessment.

The History of SCI examination, motor ,sensory and anorectal examination as well as an in-depth view on SCI examination classification was covered. This was presented to attendees virtually from across Africa and Asia.

In 2019 the ISNCSI was revised and **2 new concepts were introduced.**

1. The definition of Zone of Partial Preservation

- Previously used in complete injuries only



- Now can be used in cases with incomplete injuries (ASIA impairment scale grades B,C and D with absent motor or sensory function in the most caudal sacral segments (s4-s5 only)

These changes can be noted on the new 2019 ASIA assessment forms. See links below for access to forms/calculation link.

Useful resources

- Updated ASIA 2019 available on the ASIA website <https://asia-spinalinjury.org/international-standards-neurological-classification-sci-isncsci-worksheet/>
- ASIA impairment scale calculator <https://www.isncscialgorithm.com/>

LITERATURE REVIEWS

Written by Barry Viljoen

Exciting News with the Management of Spasms

2. A new taxonomy for documentation of non-SCI related impairments such as peripheral nerve lesions or pain and defines classification rules in the presence of such non-sci conditions

This is denoted by a star (*) and is used to identify any abnormal motor or sensory score relating to an impairment that is due to a **non-spinal cord injury condition**. The non-SCI condition should be explained, scored and must indicate whether the condition should be considered normal/not normal for classification. This is particularly important in influencing the calculation of ASIA scores.

Involuntary muscle spasms are a regular experience of those who have experienced spinal cord injuries. These can result in interrupted sleep, discomfort and pain, along with possible injuries. This is without mentioning or taking into account the impact that this can have on the individual with regards to feeling self-conscious.

These occur as a result of our brain sending messages to our muscles via the motoneurons in the spine, which are then amplified so that the brain doesn't need to expend as much effort. This process is very helpful when we need to have greater levels of output. However, this can become problematic in the case of spinal cord injuries where there isn't the ability to affectively inhibit the motoneurons. Resulting in involuntary muscle spasms.

New research from the Edith Cowan University, published in the journal physiology, has found two possible treatments to reduce the level of "excitability" of our spinal cords.



These two approaches are to place mild electrical stimulation via a pad to specific nerves which will inhibit the muscle spasms. The other method is to use relaxation strategies which can be taught in psychotherapy. This works as relaxation reduces the levels of serotonin and noradrenaline, with these having been linked to amplification of spasms.

While this research is still quite new, it does give hope of new possible treatments to augment current pharmacological interventions. The next step in this intervention would be to develop treatment protocols, as well as conducting research regarding the long-term efficacy of these treatments. However, what this does give is hope and greater levels of autonomy for those trying to manage these challenges.

Reference: Ricardo N.O. Mesquita et al, Effects of reciprocal inhibition and whole-body relaxation on persistent inward currents estimated by two different methods, The Journal of Physiology (2022). DOI: 10.1113/JP282765

Shift of Focus

Over the last two years, COVID-19 has taken the centre stage to both our minds and media. The result of this has been that many other challenges have either been forgotten, or have felt like this.

Perhaps a recent example that we are slowly shifting our collective focus away from COVID-19, exclusively and bringing other concerns into the lime, is this. On the 11th to 12 of May 2022 the Intelligence Transfer Centre has planned to host the third annual Disability and Opportunity Expo. The goal of which is to advance the rights and visibility of people living with disability.

Legislatively we have made some fantastic strides in moving our country to be more accessible to those with disabilities, and in so doing, upholds our constitution and the subsequent constitutional rights of people living with disabilities.

What I have appreciated, not only about the title but also the mission statement of this event, is that the focus is not exclusively on disability, but rather on the opportunities which can coexist with this. This is very much in keeping with my views on rehabilitation, where the endeavour is to assist a person to engage as meaningfully as possible in their lives, with as few limitations as possible, and as such as many opportunities as possible.

The other facet which I appreciated has been the focus on visibility. Too long historically have people with disabilities been pushed to the peripheries of our society. In South Africa, our goal has been for the last 28 years, to build an inclusive society. This is only possible through engagement and representation. Active moves to bring members of the disabled community to the fore are the kind of strides which are needed, if are to continue with our goal of an inclusive society for all in South Africa.

PSYCHOLOGY REVIEW

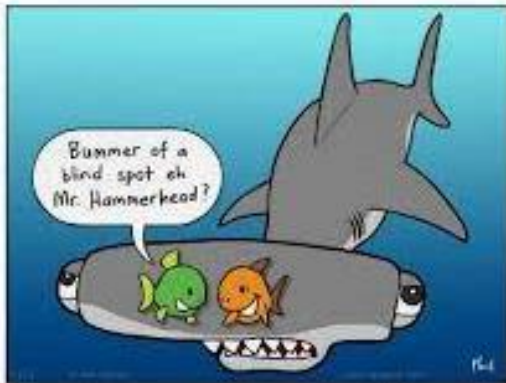
Written by Barry Viljoen

Practitioner Blind spots in Physical Rehabilitation

In the context of physical rehabilitation, clinicians will often take on a role of advocacy for their patients, if not one of activism. While also managing clinical treatment of their patients. One of the reasons for this is to combat social inequalities and exclusionary practices experienced by those with physical disabilities. The goal of which would be to help to create a more inclusive society in which



people who have physical disabilities are able to engage in meaningful and productive lives and contribute in a constructive manner the



What happens when we come across people with disabilities who are not in the position requiring assistance or treatment, and perhaps they are the ones who are offering the treatment. How would we as able-bodied clinicians respond to be treated by a clinician who has a visible physical disability.

While on a cognitive level, I don't believe that any clinician would consciously go out of their way to add to the exclusion and discrimination experienced by those with disabilities. However, the process of blind spots is often not a conscious cognitive process but rather one which plays out through our unconscious cognations.

As a result of this it is important for us all to be aware of our own personal blind spots which may be inexistence. The term within psychology has been borrowed from that of a visual blind spot. It should be noted that this is often an unconscious process in which we hold biases against an aspect of others, resulting in judgement against this group. Often the impact of this blind spot can play out in very subtle and often unnoticeable ways but can have far more noticeable impacts upon the person on the receiving end.

I chose to write about this topic from a critical perspective not with the goal of trying to highlight potential short comings of colleagues but rather to highlight the need for continual self-reflection, introspection and self-checking. The goal of which is for us to avoid being caught up in a potentially hypocritical process in which we are advocating for the inclusion of persons with disabilities but then may be unconsciously discriminating against those who have been able to integrate themselves into a role in which they are able to offer assistance or treatment as opposed to requiring it.

It is only through the gaining of insight into our unconscious biases that we are able to become aware of them and adapt, while guarding against these having undesired impacts.

It is important to remember that we have developed within a specific social context, and as a result will have been influenced by ideas of concepts held by that context. Perhaps it is important to keep in mind that because of the fact that we need to advocate for our patients to have greater levels of inclusion within our societies, that it would only make sense that we may hold some of these exclusionary beliefs at an unconscious level. Thus, while trying to in act change on a large social contextual level, it is important not to neglect the need for change within ourselves, through the process of unlearning some of our blind spots.

SCI WORKGROUP: AN INTRODUCTION

Written by Fiona Breytenbach and Jessica Morris

In South Africa, traumatic spinal cord injuries (SCI) due to interpersonal violence is alarmingly high, among the highest in the world (1). Global incidence rates estimate the



rate of traumatic SCI to be between 3.6 and 195.4 persons per million (2) with South Africa's latest estimate being 75 persons per million (1). Peaking in males between 18 and 29 years of age, the majority of traumatic SCIs are due to assault (59.3%), followed by transportation (26.3%) and fall incidents (11.7%). In addition, South Africa's communicable diseases such as tuberculosis (TB) result in patients with acquired SCIs such as TB myelopathy, requiring similar rehabilitation needs as those with traumatic SCI and added long-term medical management needed. The burden of people with SCIs is of concern due to the preventability of the disease, high cost of management of secondary complications, as well as the expensive, and lengthy rehabilitation required.

When considering the above, the need for development of a specialised care package across all levels that can be delivered by well-skilled, knowledgeable, multidisciplinary teams is critical in the future development of SCI healthcare in South Africa. This will not only assist in ensuring that individuals with SCI are able to achieve maximal independence and safety upon discharge from rehabilitation, but it too will help limit the otherwise high burden of care they would place on their families and caregivers in caring for them and preventing the development of life-threatening secondary complications.

In June 2021, the Gauteng SCI Workgroup, comprising of individuals from all multidisciplinary boards from the public and private healthcare sector with a special interest in SCI rehabilitation was formed. This group aims to ultimately assist in providing as many SCI individuals in Gauteng with the greatest level of care in both the rehabilitative phase and within the community re-integrative phase.

The group aims achieve this goal through multiple sub-aims, included in such are hosting of specialised training for clinicians in SCI rehabilitation and continuously staying up-to-date with latest SCI research; developing quality assurance measures in SCI and implementation of outcome measures within the province; improvement of rehabilitation pathways between private and public sectors; facilitating better record keeping within SCI facilities to promote opportunities for South African SCI research; and improving access to support services including counselling, psychology and peer support within the province.

FOOD FOR THOUGHT

I recently came across an article, written by one of the Academy of Spinal Cord Injury's (ASCIP) members, which re-defined the commonly used term "essential" in the context of the all too familiar Global Pandemic. All too often, it seems we forget the specialized needs and care a spinal cord injury (SCI) user requires and this made me wonder if amongst other population groups, our SCI community had unintentionally become more isolated than ever before...

Adapted from original text

Written by Caroline A. Miller, Atrium Health, Charlotte, NC.

"In the midst of the COVID-19 pandemic, one word stands out amongst the rest: essential. A broad, overarching classification of who and what is essential has been created in an effort to stop the spread. Certain workers are deemed essential and go into work, while others work from home. Many healthcare facilities are allowing only essential procedures and visits to be performed.

As cases continue to rise and the country remains in varying stages of quarantine, we



need to think deeper and harder about our definition of essential. We must recognize that what is critical differs from population to population. Essentiality is not one size fits all, but rather, should be tailored to the needs of each group.

The spinal cord injury community has special care needs that differ from what is vital for other groups. The predominant definition of what is essential, as well as the impact of social distancing, limits access to care, makes medical supplies hard to find, and increases health risks for individuals with spinal cord injury.

Advances in spinal cord medicine have helped individuals with spinal cord injury improve their quality of life and increase their independence, but the pandemic challenges the ability of the SCI community to maintain their routine care and services. Many of the interventions that alleviate symptoms and restore function may not be essential in terms of being lifesaving, but often, they are life changing, enabling individuals to participate in daily life in ways that many take for granted. During the current restrictions, many of these

therapies are not accessible and, as a result, people with spinal cord injury are being negatively affected.

As an interdisciplinary group of healthcare workers, the (ASCIP) community must acknowledge that what is widely considered essential does not always align with what is essential to people with spinal cord injury, their caregivers, and care providers. The spread of COVID-19 grows, and as it does, we need to adapt and determine how to provide access to care and supplies in a safe manner to the SCI community, which has been uniquely impacted by the pandemic”

That being said, one must consider as the health care professional community:

1. What is considered “essential” nowadays?
2. Have we best utilized all our resources to offer that “essential” care to our SCI patients, caregivers and providers?
3. Are we doing enough for our SCI patients, on both an in and out patient level during these times?

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



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