



# SASCA

SOUTHERN AFRICAN SPINAL CORD ASSOCIATION

## NEWSLETTER

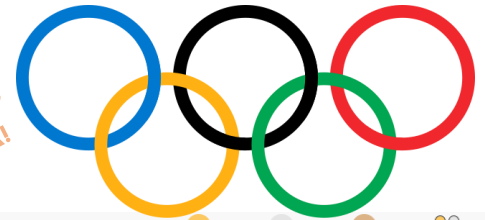
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Well Done Team SA!



NPC	Medallist	G	S	B	
RSA	MHLONGO Mpumelelo	1	0	1	2
RSA	KRUGER Simone	1	0	0	1
RSA	COETZEE Louzanne	0	0	1	1
RSA	du PREEZ Nicolas Pieter	0	0	1	1
RSA	RAMPHADI Donald	0	0	1	1
RSA	SITHOLE Lucas	0	0	1	1

### IMPORTANT DATES TO REMEMBER:

1. **International Day of Persons with Disabilities:** 3 December 2024
2. **Wings For Life:** 4 May 2025
3. **SASCA 2025:** 22-24 May 2025
4. **SCI Injury Day:** Observed 5 September annually
5. **ISCOS 2025:** 08-11 October 2025, Gothenburg, Sweden. Visit [www.iscosmeetings.org](http://www.iscosmeetings.org) for more

### ISCOS 2024 REPORT

Written by Melanie Harding

ISCoS 2024 was held in Antwerp Belgium from 23<sup>rd</sup> to 25<sup>th</sup> September 2024. Francios Theron, Candice Smith, Joyce Motabeng and myself Melanie Harding represented SASCA. Dr Theron is Chairman of the affiliated committee and Candice attended after winning the SCI day poster competition free ISCoS membership and a grant from ISCoS paying for her conference fees. Myself as a chairperson was sponsored by SASCA to attend by having my flights and conference fees paid.





The congress was intellectually stimulation, and it is great to know that SA is right up there with the top in the world, doing great rehab; pat on the back SA! Great networking took place with therapists, doctors and researchers from all over the world. Our old traditional thoughts were stretched by new ones. See photo below with the African representative Halaluya from Tanzania with all the SA reps.



We would like to open up the SCI day poster competition to all SASCA members for next year, and the prize will be an attendance at the

SASCA 2027 congress; watch this space for details! We will announce the competition as soon as the theme is announced. Join ISCoS for journals and networking with the best in the world!



## RESEARCH REPORT

### *The experience of attempting to return to work following spinal cord injury: a systematic review of the qualitative literature*

Gillean Hilton, Carolyn Unsworth & Gregory Murphy (2017): The experience of attempting to return to work following spinal cord injury: a systematic review of the qualitative literature, Disability and Rehabilitation, DOI: 10.1080/09638288.2017.1312566

**Purpose:** This review sought to answer the question “What are the barriers and facilitators influencing people’s experience of return to work following spinal cord injury?”  
**Methods:** Studies that met the selection criteria were identified, presented and critically appraised using National Institute for Health and Care Excellence guidelines. Thematic synthesis was completed with studies possessing strong methodological rigor. Synthesis and interpretation involved three stages; coding of primary data; development of descriptive themes reflective of the primary data; and establishment of analytical themes to answer the review question. **Results:** Data from nine papers were included in the thematic synthesis. Several descriptive themes and three analytical themes were drawn from the data to answer the research question. Analytical themes



included: a matrix of personal and environmental factors exists requiring complex navigation in order to create possibilities and opportunities for postinjury employment; the process of seeking or gaining employment shares a reciprocal relationship with the temporal nature of adjustment to spinal cord injury; and there is an intrinsic need for occupational engagement through paid employment. **Conclusions:** Returning to or gaining employment after spinal cord injury is a fundamentally difficult experience for people. Multiple strategies are required to support the navigation of the process. There is, however, a need in people with spinal cord injury, to be a worker, and with that comes the inherent benefits of being employed.

*For full research details, please contact SASCA or visit*

<http://dx.doi.org/10.1080/09638288.2017.1312566>

6.

***Relationship between employment and quality of life and self-perceived health in people with spinal cord injury: an international comparative study based on the InSCI Community Survey***

Escorpizo, R., Naud, S., Post, M. W. M., Schwegler, U., Engkasan, J., Halvorsen, A., Geraghty, T., & Sadowsky, C. (2024).

**STUDY DESIGN:** Cross-sectional study. **OBJECTIVES:** Work-related disability is common in persons with spinal cord injury (SCI). The aims of this study are to examine the associations of employment with self-perceived health (SPH) and quality of life (QoL) across 22 countries and to explore the covariates around employment and SPH and QoL. **SETTING:** Community. **METHODS:** We analyzed 9494 community-dwelling persons with SCI aged 18–65. We performed an adjusted regression and path analysis. The independent variable was ‘employment’ and the dependent variables were two single

items: QoL (very poor to very good) and SPH (excellent to poor). Covariates included the Gross Domestic Product (GDP), education, time since SCI, age, gender, years of employment after SCI, SCI level (paraplegia, tetraplegia), and completeness of SCI. **RESULTS:** Participants’ mean age was 47, 74% were male, and 63% had paraplegia. We found an association between employment and QoL and SPH. While the magnitude of the effect of employment on QoL did not differ across GDP quartiles, its perceived effect on QoL was found to be significant in the highest GDP quartile. Employment was predictive of good SPH in two GDP quartiles (Q1 and Q4), but significant across all quartiles when predicting poor perceptions, with the magnitude of effect varying significantly. **CONCLUSIONS:** Employment is closely related to QoL and SPH depending on the GDP. We may positively influence the QoL and SPH in the SCI population to promote better employment outcomes by considering the infrastructure and economy. Spinal Cord (2024) 62:110–116; <https://doi.org/10.1038/s41393-023-00953-8>.

*For full research details, please contact SASCA or visit*

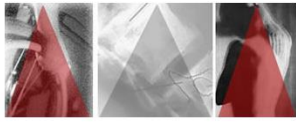
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**INTERNATIONAL  
REHABILITATION  
FORUM (IRF)**

*By Dr Virginia Wilson*

The IRF is an NPO in the USA, started in 2009 by Prof Andrew Haig. Emeritus Professor, University of Michigan.

The IRF established a program to train doctors in Africa in Physical and Rehabilitation Medicine, focusing on low-income countries. To date they have graduated several doctors in Ghana, Ethiopia, and Cameroon.



South Africa has no formal post graduate training program for doctors. All the doctors working in acute rehabilitation facilities in South Africa are self-trained.

The IRF two-year fellowship, which started in South Africa in January 2023, is a unique opportunity for doctors working in acute rehabilitation to obtain an IRF Diploma. The course involves weekly online sessions, with active participation, presentation, and research projects. Currently there are 22 South African doctors attending the course. Doctors must have worked in acute rehabilitation for at least 3 years and have other post graduate qualification.

All doctors on the course must be members of SASPRM (South African Society of Physical and Rehabilitation Medicine) which is an affiliate member of ISPRM.

Dr Vee Wilson is the Course Coordinator.

## **WCRC TAKES ON THE OUTENIQUA CHAIR CHALLENGE:**

*By Nothemba Thobela (Chairperson of the Sports Committee and physiotherapist at WCRC) and Janine Matthews (Volunteer and physiotherapist at WCRC)*

The Outeniqua Chair Challenge is an annual wheelchair race that takes place in George, Western Cape. It is best known as the “biggest wheelchair race in Africa” and on the 24<sup>th</sup> of February 2024 we got to partake in this prestigious race.

After years of not participating due to the Covid-19 pandemic, we assembled the WCRC Hot-wheelerz to be a part of this amazing experience. We had a group of eight eager and competitive patients (both in and outpatients) and eight volunteers partaking. After months of planning, preparation, training, and a world class send off from our WCRC family we were off to races.

George treated us well, the atmosphere was vibrant and the excitement amongst our patients palpable as they not only raced for themselves but also for disability advocacy as a whole. It was an eye-opening experience for us all filled with hope and opportunity for a better tomorrow. The Team participated in the 5km fun-walk, and we are very proud to proclaim that we had a few first time WCRC Hot-wheelerz coming in the top 50 out of hundreds of races! Witnessing hundreds of wheelchair users taking over the streets of George was a reminder of why we at WCRC believe in being the changemakers and empowering the changemakers of tomorrow.

A big thank you to our executive team, our facility board and most importantly our WCRC family for their unwavering support for allowing the volunteers the opportunity to make this happen. We hope we find ourselves at the races next year again!





## **INFO CORNER: LET'S GET READY FOR SUMMER!**

*Adapted from QASA*

*<https://qasa.co.za/wp->*

*content/uploads/2024/05/Hidden-Consequences-of-SCI.pdf*

With a change in temperature on the horizon as we enter a new summer season, body regulators are gearing up to adjustments. But, this isn't as easy for someone with a spinal cord injury (SCI)! The average body temperature is 37°C; When it is hot, our bodies can regulate this by cooling us down in addition to the kinds of clothing which we choose to wear. When it is cold, conversely, they are able to warm us up which is aided by dressing warmly. This is done through a combination of automatic system and muscular and sensory systems controlled by our muscles, spinal cords and brains.

For someone with a SCI, and most noticeably someone with a high level SCI, this becomes very difficult to manage as the body reacts inappropriately to regulating temperature below the level of lesion either by keeping us cooler or hotter than we comfortable with. The inability of the body to react to the environment by cooling down or warming up can have very dangerous consequences and can even cause death if not managed optimally. Given that this reaction can also occur very quickly, it is paramount that family members and carers can also understand what is happening to the body and how to help it regulate to a more normal temperature.

If we zone in on this a little more closely to understand how this cooling and warming relationship works within us, temperature regulation is a fine balance between heat generation and dissipation of heat. Body heat is generated in our deep organs and in the

contraction of skeletal muscles. Heat is lost mainly through the skin, but also by breathing. Some ways in which temperature can be maintained or lost is through:

- Blood vessels contracting or relaxing, therefore allowing more heat to radiate out of the skin or be conserves
- Through sweat glands which can push out a lot of sweat especially in hot weather which helps cool us
- Hair follicles which help maintain heat by creating an insulating layer (i.e. goosebumps)
- Shivering, which is an action of our muscles to create energy to help keep us warm in cold weather

On the contrary, to keep us warm, the abovementioned systems reverse to try and 'store' warmth in our bodies.

All these temperature regulating methods are controlled by a centre in the brain called the hypothalamus, the function of which is to maintain the body's temperature at 37°C.

The hypothalamus is able to regulate these temperature changes by receiving information on the outside temperature from sensors under the skin and in deeper organs and based on this, generate a response to either warm or cool the body through activating more or less energy within the muscles or automatic body systems.

This is done by means of activating the autonomic nervous system (ANS), which regulates our blood flow.

In high SCIs, the normal connections between the hypothalamus and the temperature sensors are lost, which causes a disruption in the awareness of signals below the level of the injury of being too hot or too cold. In



addition to this, in high SCIs the in persons with SCI the sympathetic nerves' outflow of messages to the blood vessels, sweat glands and muscles via the ANS is broken.

As a result, the loss of blood vessels constricting and/or dilating is affected and as a result the rate at which heat can be generated or lost is changes (so people struggle to cool down). In addition, heat production is limited due to muscle contraction impairment and therefore the inability shiver.

So how can we help regulate this in SCI? When you or your loved one with an SCI feels colder or hotter than you do in a given situation, this needs to be accommodated. This doesn't mean that every time you are hot or cold they will be too, but it does mean we need to consider that the ability to regulate temperature may be affected.

Here are some practical tips to help with regulating hot and cold temperatures:

#### *Cold temperatures:*

- Adjust clothes as the day warms up (vest, tee-shirt and jersey which can be gradually removed). Make sure this is also considered at night as being very cold can trigger AD!
- When positioning persons with SCI and also after each turning, place them in the

foetal position with legs up against the trunk; This helps to conserve heat.

- Ensure that when dressing/covering, make sure cold air does not 'sneak out'

#### *Warm weather:*

- Dress in layered clothing which allows for temperature adjustments
- Use protective headgear
- Drink lots of fluids and stay hydrated
- Stay out of the sun when possible
- Use a water mist/spray bottle in very hot weather
- Sucking ice cubes can be helpful
- Cold cloths on the neck or head

**COLD WEATHER**  
Body temperature management

**IN THE DAY**

**Dress in layers**  
Three to four layers of clothing is recommended. Rather do more layers of thin clothing than one thick layer. It is easier to regulate temperature by removing one or two thin layers.

**Adjust layers**  
Be sure to check the temperature throughout the day and adjust the layers accordingly. Also consider the location and activity. If in doors or active, you might need to remove some layers.

**AT NIGHT**

**Layers adjusted**  
The same daytime rule applies. You should ideally dress in layers and remove them if necessary. This can be done when turning takes place.

**Foetal position when sleeping**  
After turning, be sure to return to a foetal position. Look out for **clonus or jerks that indicate discomfort**.

**Cover up**  
Take care when covering up. Make sure there are no gaps for the cold air to get in underneath the blankets.

**HOT WEATHER**  
Body temperature management

**Dress in cool clothing**  
Wear clothing made from light, breathable material like cotton or linen.

**Wear protective headgear**  
Make sure to take keep a hat or cap with you when you leave the house.

**Drink lots of fluids**  
Be sure to drink a lot of fluids to stay hydrated. It is better to drink water than sugary or fizzy drinks.

**Stay out of the sun**  
Where you can, avoid spending time in the sun, especially on warm days.

**Keep a mist or spray bottle**  
Keep a misting or spray bottle handy to spray your skin when it gets hot to mimic sweating and help you stay cool.

**Suck on ice cubes**  
Sucking on ice cubes is a sure way to help you cool down on a warm day and is better than sugary ice cream.

**Wet cloth**  
Place a wet cloth (ideally from the freezer) on the head or back of the neck to help cool down.



**IMPORTANT DATES TO REMEMBER:**

Wings For Life: 04 May 2025

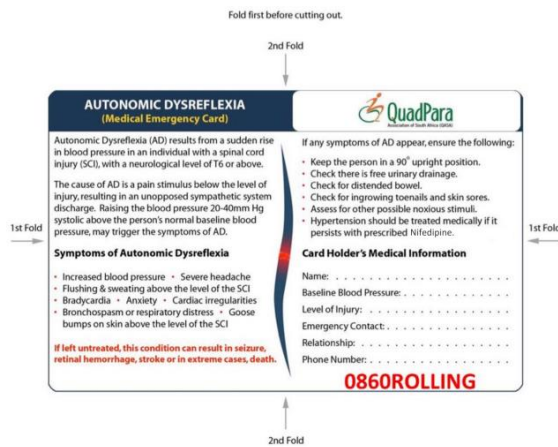
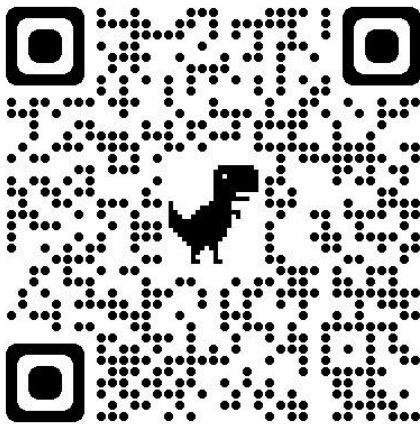
Go to: <https://www.wingsforlifeworldrun.com/en> to register!



ISCos 2025: 8-12 October 2025, Sweden

Register: <https://zibrant.eventsair.com/63iscos/lpcurrindividual/Site/Register>

**QASA Autonomic Dysreflexia Card**

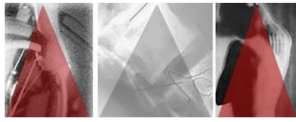


Scan the QR Card or Visit [qasa.co.za](http://qasa.co.za) to download the AD card!

**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](mailto:membership@sasca.org)

or

[info@sasca.org](mailto:info@sasca.org)



Adaptive Sports Fund



**GAUTENG PROVINCE**

HEALTH  
REPUBLIC OF SOUTH AFRICA