Although Life Rehabilitation units were included in the Life Healthcare Group ISO multi-site certification, achieved in 2007, a decision was taken in 2009 to embark on a separate certification for the business, with an emphasis on specific rehabilitation processes and customer needs.

The formal certification process conducted by PricewaterhouseCoopers (PwC) commenced in July 2009 with an initial readiness audit. The PwC review was finalised in October following three final audits at individual unit and head office levels.

Life Rehabilitation has now achieved separate ISO 9001:2008 certification, making it the only certificated networked group of rehabilitation units in the country. The following components of the quality system were developed and implemented:

- Rehabilitation specific work procedures to address areas that are unique and different to the acute care business. These work procedures are reviewed and updated on an ongoing basis to ensure they continue to meet the needs of the business.
- A rehabilitation specific scorecard, detailing rehabilitation specific performance with regards to the focus areas of the business, namely slips and falls and medication errors.
- Enhancements to the established patient satisfaction tools to ensure effective measurement of satisfaction with the rehabilitation process.
- A measurement and monitoring system for the above mentioned items.

This certification underpins Life Rehabilitation’s commitment and ability to provide its patients with world class rehabilitation services.
Specialised paediatric rehabilitation now offered

The inordinately high incidence of road traffic accidents in South Africa contributes significantly to neurological injuries in children. This, together with near-drownings, violence, accidental injuries, certain medical conditions and, to a lesser degree, birth trauma, result in many children being affected with varying types and degrees of neurological challenges.

"Life Rehabilitation's specialised paediatric programme has been developed to help restore these children to their fullest physical, mental, emotional, social, scholastic (and eventually vocational) potential possible, thereby improving their quality of life. Success in this restoration also results in reduced healthcare costs and burden of care in the long term," says Nina Strydom, rehabilitation standards manager at Life Rehabilitation.

To meet the huge need for this specialised service, the first paediatric rehabilitation unit in KwaZulu-Natal opened at Life Entabeni Hospital in Durban in 2009. The unit can accommodate 10 children, as does the second paediatric rehabilitation unit, which has just opened at Life New Kensington Clinic in Johannesburg.

Children (under 12 years) who would benefit from rehabilitation include those with acquired neurological conditions, for example traumatic brain injury, spinal cord injury or Guillain Barré syndrome, as well as children with cerebral palsy who have limited access to appropriate therapy resources, and children with degenerative conditions, such as muscular dystrophy.

A number of factors necessitate a different approach to the rehabilitation of children compared to that of adults. One such factor is brain maturity, with a child's brain still in the process of growing and developing through an active process of learning and acquiring new skills. The occurrence of brain injury resulting from illness or injury can severely affect a child's ability to achieve milestones as would normally be the case. Research evidence indicates that starting rehabilitation as early as possible is important in optimising recovery of brain function and reducing the level of short and long term impairment and disability.

In the enriched environment created through paediatric rehabilitation, the child is stimulated to successively achieve age appropriate skills. Dedicated and intensive inpatient rehabilitation of children also serves to provide a supportive and informative environment for parents and other family members, who usually struggle to come to terms with the trauma that paediatric disability brings about.

Benefits of paediatric rehabilitation

The benefits of Life Rehabilitation's programme include the following:

- Prevention of prolonged stay in an inappropriate, acute hospital environment.
- On-site rehabilitation service offered by a comprehensively trained, interdisciplinary team of medical, nursing and therapy professionals who address all issues without overlap.
- Improved outcomes achieved over a shorter period of time.
- Child and family centered, outcomes driven rehabilitation.
- Simulation of a home environment where the child has the opportunity to practice tasks with increasing confidence.
- Focused and appropriate caregiver training by all team members.

Paediatric rehabilitation programme

Life Rehabilitation's paediatric programme is focused on providing time limited, cost effective and outcomes based intervention early in the recovery process; thereby ensuring that all medical, physical and psychosocial needs are addressed timeously.

The service includes stabilisation of medical co-morbidities; patient and family education on the correct post-surgery exercises and movement, returning to daily activity without compromising physical limitations; recommendation on home adaptations and assistive devices to ensure accessibility and safety in the discharge environment; addressing psychosocial needs of adjustment and coping; and training of caregivers, if required. Patients also have the opportunity to practice tasks in a simulated home environment.

The programme offers numerous benefits, such as preventing prolonged stay in an inappropriate, acute facility, significantly decreasing the risk of complications post-operatively and greatly improving patient outcomes in shorter periods.
Unique in South Africa: new in-patient pulmonary rehabilitation programme

Pulmonary rehabilitation is increasingly recognised as an important part of the comprehensive management of patients with severe symptomatic lung disease, especially chronic obstructive pulmonary disease (COPD).

The Life Rehabilitation units based at Life Riverfield Lodge in Niedergedacht northwest of Johannesburg, Life Entabeni Hospital in Durban, Life New Kensington Clinic in Johannesburg, Life Eugene Marais Hospital in Pretoria, Life Pasteur Hospital in Bloemfontein and Life St Dominic’s Hospital in East London are offering a unique, structured inpatient pulmonary rehabilitation programme.

“It is the only dedicated pulmonary service offered within acute rehabilitation units in South Africa on an inpatient basis. Until now, such rehabilitation was done on an outpatient basis over a long period of time,” says rehabilitation standards manager, Michelle de Kock.

Patients who would benefit from pulmonary rehabilitation include COPD patients with acute exacerbations, COPD patients about to undergo surgery or having had surgery, patients who have had multiple re-admissions to hospital, especially to ICU, with pulmonary problems, and patients who are in the early to moderate stages (stages 1 to 4) of respiratory failure.

COPD is currently the fourth biggest cause of death worldwide, according to the World Health Organisation (WHO), and the only major disease with an increase in its death rate. In 1990, the WHO ranked COPD 12th in terms of the burden of disease on the economy, but estimates that by 2020, it will rank fifth as the impact of COPD on the economy becomes significantly bigger.

“Before admission, each referred patient is fully assessed to establish the potential benefits of pulmonary rehabilitation. Our structured pulmonary rehabilitation programme runs over a 10 day period and the interdisciplinary team members – a rehabilitation doctor, nurses, physiotherapist, occupational therapist, dietician, psychologist and social worker – focus on physiological, psychological and social aspects, incorporating individual, group and family sessions. Medical as well as therapy staff involved have all undergone specialised skills training in pulmonary rehabilitation. On discharge, appropriate referrals are made and resources are provided. A follow-up assessment is done to ensure that the person is maintaining an improved health status.”

“The goal of pulmonary rehabilitation is to restore patients to the fullest medical, mental, emotional, social, and vocational potential possible,” says Michelle. “Major objectives are to control, alleviate and, if possible, reverse the symptoms and pathophysiological processes leading to respiratory impairment, as well as to improve the quality of the patient’s life and to attempt to prolong it. Outcomes of such a pulmonary rehabilitation programme include an increase in exercise endurance and exercise work capacity; changes in biochemical muscle enzymes; a significant reduction of dyspnoea; an improved quality of life and reduced health related costs,” she explains.

Rehabilitation capacity expanded

Life Rehabilitation continues to expand its facilities to provide even greater access to this much needed specialist service. Life Rehabilitation opened its first 28 bed unit in 1999 and has since grown significantly to six rehabilitation units, with a total of 201 beds, almost 50 percent of all private acute rehabilitation beds in South Africa.

New dedicated paediatric units

At Life Entabeni Hospital in Durban, the first paediatric rehabilitation unit in KwaZulu-Natal opened in August last year with 10 beds, with a second 10 bed unit having opened at Life New Kensington Clinic in Johannesburg this year. A licence for 10 acute rehabilitation beds has also been granted to Life Claremont Hospital in Cape Town. The need for acute paediatric rehabilitation is widespread and these new units focus on children under 12 years with neurological disability. Occupational, speech and physiotherapists involved in the paediatric rehabilitation are trained in neurodevelopmental therapy (NDT), ensuring that internationally recognised NDT techniques are applied and integrated into the paediatric service.

Expansion of adult units

Life Rehabilitation’s adult facilities are also being expanded to meet the demand. The capacity at Life Entabeni was increased from 26 to 40 beds in 2009.

The 16 bed adult unit at Life St Dominic’s Hospital in East London was recently granted a licence for a further 12 beds. This will bring its total number of beds to 28 and enable it to serve the Border/Kei community even better. The unit at Life Pasteur Hospital will also be expanded by a further 13 beds, bringing its capacity to 40 beds.

Furthermore, Life Claremont Hospital has been granted a licence to establish a Life Rehabilitation unit with 40 adult beds.
Nursing manager presents at QuadPara Association workshop

Life Rehabilitation is committed to forging strong working relationships with disabled associations in the community.

This was again demonstrated when the nursing manager at the spinal unit at Life Riverfield Lodge, Jacqueline Groenewald was approached to present at a spinal cord injury and sexuality workshop, hosted by the QuadPara Association of Gauteng South in Johannesburg towards the end of last year.

Jacqueline shared her expertise in a talk entitled

Lessons learned on sexuality and disability.

Her presentation dealt with various issues of sexuality in disability and how it is affected by spinal cord injury, as well the pharmaceutical and mechanical interventions that are available for spinal cord injured patients to enhance sexual function.

Other speakers presenting at the workshop included Ari Seirlis, national director of the QuadPara Association of South Africa, and Erik Holm, himself a tetraplegic and actor in the local television shows ‘Binnelanders’ and ‘7de Laan’.

Dysphagia management in Adults

A two day training workshop on dysphagia management in adults, organised by Life Rehabilitation and presented by Dr Mershen Pillay, speech-language therapist and audiologist, was attended by therapists from across the Eastern Cape. The event was held at Life St Dominic's rehabilitation unit last year.

Dr Pillay is the author of many current dysphagia manuals and has a wealth of clinical experience and theoretical knowledge on the assessment and management of this challenging patient population. In addition to sharing information on the latest technology for managing these patients, he also adapted the theory and techniques for use in less affluent settings, such as rural environments and government hospitals.

Therapists were required to revisit their anatomy and physiology knowledge in detail and were challenged to apply their own knowledge and experience in practical applications.

The Life St Dominic's rehabilitation team took advantage of the opportunity to network with their peers from other hospitals and rehabilitation centres in the area, with the aim of developing a provincial protocol for dysphagia management – a project that is currently underway.

Therapists from Life Rehabilitation units are often invited to participate at teaching level in various courses offered by tertiary educational institutions across the country, reflecting the level of expertise and skills in the business.

In 2009, therapists from Life Pasteur Hospital’s rehabilitation unit, in conjunction with the Physiotherapy Department from the University of the Free State, presented two workshops:

- Attended by 40 professionals from across the Free State, The management of spinal cord injuries – a practical approach workshop in Kimberley was presented by two of the rehabilitation unit’s physiotherapists, Heleen van Wyk and Christolene Saaiman, together with Corlia Janse van Vuuren, a lecturer at the University of the Free State. It focused on the practical techniques for facilitating function in spinal cord injury patients.

- The management of stroke – a practical approach workshop was held as a follow up on a more theoretical workshop presented in 2008. Physiotherapist Heleen van Wyk, and occupational therapists Elma Heyns and Corina Botha, all from Life Pasteur’s rehabilitation unit, together with Corlia Janse van Vuuren from the University of the Free State, did presentations and supervised practical sessions. The course content focused mainly on gait retraining, functional cognition, upper limb management, as well as the impact of HIV on stroke.

Life Pasteur therapists involved in university training programmes

Back, from left to right: Life Pasteur rehabilitation unit’s Elma Heyns, Christolene Saaiman and Corina Botha, Corlia Van Vuuren from the University of the Free State, and Heleen Van Wyk (front), from Life Pasteur, who presented at the workshops.

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Progress in neurological rehabilitation highlighted at SANRA Congress

With a host of renowned international speakers, the 2009 SANRA (South African Neurological Rehabilitation Association) congress was characterised by the sharing of a wealth of cutting edge research in the field of neurological rehabilitation.

Presenters included Professor Steven Smal, professor of neurology and psychology at the University of Chicago, USA; Professor Derick Wade from the Oxford Centre for Enablement, UK; Ms Michele Gerber, physiotherapist and senior IBITA instructor from Switzerland; Dr Leigh Hale, associate dean of research at the Centre of Physiotherapy Research, University of Otago, New Zealand; Dr Ray Wilkinson, clinical reader in language & communication science at the University of Manchester, UK; and Professor Oliver Turnbull, head of the School of Psychology, University of Bangor, Wales, UK.

Prof Derick Wade was sponsored by Life Rehabilitation. Research papers were also presented by the University of KwaZulu-Natal, University of the Witwatersrand, University of Cape Town and private rehabilitation company, Rehab-Matters.

Rehabilitation standards manager, Nina Strydom from Life Rehabilitation, presented a paper reviewing the Functional Independence Measure (FIM), the primary outcomes measure used in the Life rehabilitation units, with outcomes in Australasia and the United States. The paper was co-written by Kathy Wundram, a respected occupational therapist and former acting national manager at Life Rehabilitation.

Delegates also used the opportunity to explore exhibitions by leading rehabilitation associations and businesses, including Life Rehabilitation, Sanbonani, SANRA, Headway and Stroke Aid. Life Rehabilitation was very proud to introduce their new specialised paediatric, pulmonary and orthopaedic rehabilitation services to delegates at the congress. These new programmes were launched last year.

An inspirational gathering of rehabilitation professionals from across the world, the conference served as a reminder of how far the field of neurological rehabilitation has progressed, as well as a challenge to what can still be achieved in the future.

During November last year, Gerlinde Haase, a German physiotherapist and expert in the field of neurological rehabilitation, conducted an awe-inspiring workshop on the rehabilitation of patients with traumatic brain injuries (TBI).

Gerlinde is an internationally renowned therapist, with many accreditations to her name. She is a member and senior instructor for the International Bobath Instructor Training Association (IBITA) and is also a qualified Feldenkrais (movement specialist) practitioner. She has been a lecturer and supervisor for healthcare professionals at Klinikenschmiede in Germany where she has been working since 1986. Gerlinde is currently writing a book on ataxia, her particular area of interest within the field neurological disability.

Gerlinde presented a fresh approach to treatment, especially of TBI patients in a vegetative state, and how to facilitate function in patients with ataxia. She trained attendees in the implementation of a simple scale which can be used to monitor the progress of a patient with traumatic brain injury, and the therapists found her use of analogies and practical examples very enlightening.

A cornerstone of Gerlinde’s approach is that patients who present with TBI need to be treated with infinite patience. The pace with which therapists treat such patients must be slow enough to allow the brain injured patient time to process the information and respond appropriately. She also highlighted that the pain experience is learnt at the brainstem level and that therapists should not cause any pain to the patient as this would result in aggressive behaviour, a symptom often seen in TBI patients. Another interesting teaching was that maintaining range of movement through passive exercise is not indicated for patients with TBI, but that therapists should rather facilitate activities which would allow active movement through the range.
Risk Management in Acute Rehabilitation

The management of risks throughout the rehabilitation process is important to ensure optimal patient outcomes and the most cost effective utilisation of funds.

**Challenges to risk management**

- Limited benefits for rehabilitation:
  - Lack of funds for acute inpatient rehabilitation often results in patients with neurological disability staying in the acute hospital setting for longer periods, as they are functionally unable to be discharged home. Paradoxically, this may result in a much higher financial burden for the funder. Complications of immobility may also result, such as pressure sores, deep vein thromboses, contractures and chest infections, which compromise the patient’s condition and result in further acute care costs.
  - Optimal outcomes are not achieved due to limited time for rehabilitation intervention.
  - Limited funding can mean that patient and family rehabilitation expectations sometimes cannot be met, resulting in client dissatisfaction.
  - Unsatisfactory discharge planning, due to lack of resources and time, resulting in unsafe discharges which may lead to further complications and readmission to acute care settings — for example as a result of fractures caused by falls, chest infections, or pressure wounds.
- Timing of admissions:
  - Referrals are often not done early enough in the recovery process
  - Not all patients are suited to the acute rehabilitation environment. Some may be too acutely ill or neurologically impaired to benefit from rehabilitation, resulting in the wasting of funds which may have been used more beneficially at a later stage.
- Inappropriate referrals may be made to less expensive sub-acute facilities, resulting in missing the window of opportunity for successful rehabilitation.
- Access to equipment:
  - Limited benefits for equipment may also contribute to unsafe discharges from rehabilitation, which could result in complications and further acute hospitalisations.
- Timing of admissions — it is essential to use the window of opportunity to ensure optimal outcomes. This requires good communication between the treating doctor in the acute hospital environment, the rehabilitation service and the funder.
- Discharge process starts upon admission, with a family meeting within the first week of the patient’s admission.
- Internal risk management:
  - In 2007, Life Healthcare became the first healthcare company in South Africa to achieve multi-site ISO 9001:2008 certification. This year, Life Rehabilitation became the first rehabilitation company to attain specific ISO 9001:2008 certification.
  - Identification and understanding of risks specific to the acute rehabilitation environment.
  - Monitoring of trends with regards to patient safety, including slips and falls, medication errors, urinary tract infections and pressure sores.

**Management of risk in Life Rehabilitation units**

- Employing teams with expert skills.
- Global fee (inclusive of accommodation, all therapy and daily doctors visits, and exclusive of assistive devices, special tests and investigations, medication and consumables) offers significant savings when compared to the fee-for-service model.
- Interactive and negotiative funder relationships to ensure effective management of resources.
- Patients spending less time in an acute hospital environment — once a patient is medically stable and able to participate in a programme of graded therapy, they should be assessed and transferred to a rehabilitation unit.
- Pre-admission screening (at no cost to the funder) and initial three day authorisation to allow for discipline specific assessments. Should a patient be inappropriate for rehabilitation, alternative discharge options will be recommended.
- Measurement of efficiency of rehabilitation:
  - Use of internationally accredited and standardised outcomes measures: Functional Independence Measure (FIM) and Functional Assessment Measure (FAM).
  - Use of diagnostic specific outcomes measures: Oxfordshire Stroke Classification, ASIA, and Ranchos los Amigos.
  - Use of numerous discipline specific outcomes measures.
- Training and development, including accredited internal and external CPD programmes, representation at national congresses, presentation of research papers, and internal skills development programmes for all grades of staff.
- Representation on various rehabilitation associations.
- The way forward

- Life Rehabilitation will continue to develop the field of rehabilitation as a specialist discipline.
- We will continue expanding our footprint to achieve a national network, in order to ensure the widest possible access to acute rehabilitation services.
- We are committed to the development of specialist rehabilitation products, such as pulmonary rehabilitation, paediatric rehabilitation and orthopaedic rehabilitation.
- We will continue to explore opportunities for risk sharing with funders, including global fee per admission for certain diagnostic groups.
our staff, their expertise and commitment

Achiver recognised at OTASA congress

Lesley Vezi from Life Rehabilitation’s unit at Life Entabeni Hospital in Durban, became the first occupational therapy technician (OTT) to receive the OTASA Albie Sachs Award.

The OTASA Albie Sachs Award was launched in 2003. It is awarded bi-annually to a person who has distinguished himself or herself through professional excellence and dedication to serving the needs of people with disabilities.

The award is named after Judge Albie Sachs, a justice of the Constitutional Court, who played a key role in developing the current South African constitution. Judge Sachs lost his right arm and the sight in one eye in a car bomb attack in Maputo in 1988 and benefitted from occupational therapy during the course of his rehabilitation.

Lesley lives in the rural area of Molweni, where he has been involved for years in voluntary work. He has supported the Zimele Care Centre for disabled children. In addition, he assists disabled community members by constructing assistive devices where necessary and offering general support and education.

Respected by the health officials in the area, he is regularly asked for advice in the event of someone from the community suffering a stroke or accident. He is qualified in basic life support, and offers his skills where needed.

Lesley is also deeply involved in empowering the youth of his community through involvement in sport. In his capacity as deputy president of the Molweni Sports Association, he is a driving force in providing youngsters with sporting skills, advice and mentorship.

“We are enormously privileged to have a person of Lesley’s calibre in our employ,” says Sierra Mwangalawa, rehabilitation practice manager at the Life Entabeni Hospital rehabilitation unit.

In July last year, Kathy Wundram (below), who was acting national rehabilitation manager, resigned from Life Rehabilitation. She took an opportunity to work very closely with a prominent hand surgeon in private practice, a move that would afford her the flexibility to spend more time with her two young sons.

Kathy and her team were responsible for the ongoing management of standards and processes within the service, quality assurance, training and development, and marketing. She also made a significant contribution towards the establishment of a further two units in South Africa.

She will be sorely missed as a significant roleplayer in Life Rehabilitation, as well as a mentor and support for many of the therapists and aspiring managers.

New endeavours for former acting national rehabilitation manager

WELCOME, DOCTOR!

Dr Neels Burger (left) recently joined the rehabilitation team at Life Eugene Marais Hospital in Pretoria. Dr Burger completed his MBChB degree at the University of Pretoria in 1976, whereafter he worked for the government until 1988. During this period he worked at Garankuwa Hospital, Pretoria West Hospital and Steve Biko Academic Hospital.

At the latter, he completed two and a half years of his four year paediatric internship.

Unfortunately, due to family circumstances, he was unable to complete his studies at that time.

Dr Burger has been in private practice in Les Marais since 1988, and has built good working relations with the doctors at Life Eugene Marais Hospital. He has a passion for both the elderly and paediatric patients, and has over the years built up a practice of loyal patients.

Dr Burger is a firm believer in a holistic team approach to rehabilitation, and in the importance thereof. His enthusiasm for rehabilitation has been demonstrated in the caring way in which he consults with his patients and his willingness to join in unit events. We are very proud to welcome him to Life Rehabilitation!
College instrumental in upholding training standards and expanding programmes

Anupa Singh

The Life College of Learning works hand in hand with Life Rehabilitation in order to ensure that training standards and the employment of a highly skilled workforce in the rehabilitation units are upheld.

The head office support function for Life Rehabilitation is committed to the ongoing training and skills development of Life Rehabilitation employees. As such, the rehabilitation standards managers work closely with the college and especially with Anupa Singh, who was appointed as health sciences manager at the college in April 2009, in promoting and developing training programmes and professional development initiatives.

One such course, aimed at standardising the training of hospitality attendants working in Life Rehabilitation units, was developed by rehabilitation standards manager, Nina Strydom and is now being coordinated and implemented by both Anupa and Nina. The course is in the process of final accreditation by SAQA as a formal qualification. To date, over 60 hospitality attendants have been trained as part of the in-service skills development programme.

Anupa is an occupational therapist by profession and also holds a Masters Degree in Public Health. She was employed as a consultant to the Life College of Learning in 2007, tasked with the development of an occupational therapy technicians course, the first such initiative in the country. She taught two groups of students on the course with resounding success – all students who wrote the Health Professions Council of South Africa (HPCSA) exam passed, achieving a 100 percent success rate.

Following this achievement, Anupa joined the Life College of Learning as a permanent staff member, tasked with co-ordinating all non nursing and management courses at the college. These include courses for occupational therapy assistants and technicians, ancillary healthcare workers, assessors, operating department practitioners, theatre technicians, emergency careworkers and HIV peer educators. She is also responsible for the accreditation and registration of all nursing and health sciences programmes.

Anupa started her career as a general occupational therapist at Kopanong Hospital, where she was instrumental in setting up the first acute psychiatric rehabilitation centre. She was then appointed to a lecturing post at the University of the Witwatersrand (Wits), specialising in neurology, where for six years she first coordinated the physical rehabilitation aspect of the training before finally serving as deputy head of department.

Although no longer employed by the university full time, Anupa continues to coordinate and lecture the Masters course in Neurosciences in Occupational Therapy at Wits. She was nominated for the dean’s Teaching Excellence Award in 2006, and was awarded the Health Sciences Mentor of the Year by the Faculty of Health Sciences in 2008.

Anupa has presented several courses relating to neurological rehabilitation and has delivered several research papers, one of which has been published.

Anupa’s passion is for adult neurological and stroke rehabilitation, particularly in the community. Her teaching and research emphases an outcomes based treatment approach with an evidence based foundation.
Rehabilitation teams active in stroke awareness and education initiatives

With World Stroke Day, held annually in October, the World Stroke Organisation (WSO), aims to communicate a unified message to the world: stroke is a preventable and treatable condition, and together we can fight the growing incidence thereof. The 2009 theme was ‘Stroke – what can I do?’ The WSO encourages individuals, groups and governments to take action against stroke, and in this spirit Life Rehabilitation units chose to mark the occasion by launching initiatives which targeted the communities in their areas.

Life St Dominic’s
The team at Life St Dominic’s rehabilitation unit held a display at Hemmingway’s Mall. Free blood pressure and glucose screening tests were done for the public, and health education sessions were held on stroke prevention, healthy eating habits, and recognising the signs and symptoms of stroke and diabetes.

Life Eugene Marais
Life Eugene Marais Hospital held an awareness day in the rehabilitation unit. Short sessions were conducted, during which information regarding stroke was discussed with the people attending, and information leaflets were distributed. Participants’ blood pressure and blood glucose were tested and they received a card with the results, for future reference. Based on the screening assessments, a number of participants were advised to visit their clinic or doctor for a formal check-up. An estimated 150 people visited the unit, which included visitors to the hospital as well as staff members from other wards within the hospital.

Life Pasteur
The Life Rehabilitation unit at Life Pasteur Hospital embarked on a stroke awareness and spinal cord injury education campaign at the Mimosa Mall in Bloemfontein.

Members of the public benefitted from free screening assessments and health education, focusing on healthy blood pressure, blood glucose and blood cholesterol levels. Shoppers were also afforded the opportunity to ‘step into the ‘shoes’ of spinal cord injury patients confined to wheelchairs, by wheeling themselves around a track set up by the rehabilitation staff. This was done to raise awareness of how different the world looks from a wheelchair, and what challenges wheelchair users often encounter, for example at restroom doors and narrow shopping aisles.

The rehabilitation team was overwhelmed by the public interest and participation in the initiative.

Life New Kensington
Approximately 200 members of the public benefitted from a joint initiative by Life New Kensington Clinic’s rehabilitation unit and Life Bedford Gardens Hospital. The event took place at Life Bedford Gardens Hospital in Bedfordview, where therapists and nursing staff were on hand to offer free blood glucose and blood pressure screenings, and to talk to the public about their individual risk factors and give advice on preventative measures against stroke.

Awareness created for head injury prevention

As part of international head injury awareness day last year, hospital management, therapists and administrative staff from Life Riverfield Lodge took to the streets in Fourways, talking to taxi drivers and handing out pamphlets to create awareness of head injuries and how it can be prevented or minimised in motor vehicle accidents. Pictured at the event were, from left to right: occupational therapist Deborah Barrie, therapy manager Sharize Lategan, physiotherapist Philip Avraam, rehabilitation admissions consultants Mareli Pottas and Heleen Fouche, hospital manager, Dr Marinda Overbeek, and maintenance officer, Dawie Theron.
Young girl defies odds to walk again

Juanita Pienaar (above) was ten years old when she was involved in a motorbike accident which left her with severe head injuries.

Juanita was admitted to the Life Eugene Marais rehabilitation unit in Pretoria once she was medically stable and able to begin therapy. She presented with severe spasticity in both arms and legs and contractures were already starting to form. She was unresponsive to any stimuli, except pain, and was unable to interact with the outside world. With a tracheostomy in-situ, she could not communicate verbally.

Therapy in the initial stages included external stimuli which could stimulate her brain and awaken her senses, including music, pictures, smells and photos of her loved ones. Slowly, Juanita began to be more responsive to her environment, with basic cognitive abilities starting to emerge.

After only a few weeks of rehabilitation, Juanita had to be discharged due to lack of medical aid funds for ongoing acute intervention. She was placed in a care facility, where nursing staff could take care of her basic daily needs. She also continued with a less intensive programme of occupational and physiotherapy. As her condition continued to improve steadily, motivation was made to the medical aid to authorise a further rehabilitative stay, in order to maximise Juanita’s physical, functional and cognitive abilities through intensive daily therapy. The motivation was successful, and Juanita was admitted back to Life Eugene Marais rehabilitation unit in November 2008. The therapists’ main aim at that stage – to get her walking! By then, despite significant memory and other cognitive impairments, Juanita was talking, writing, drawing and playing. Her physical abilities were improving daily, although she was left with residual contractures in her left arm.

After a further six weeks of inpatient therapy, Juanita walked out of the unit. She could throw away the nappies she had been reduced to after the accident, she could remember her therapists’ names, she could dress and wash herself and she could hug her friends and family. Best of all, she could smile – a great, big, beaming smile, that proved the odds can be defied by a young girl with an oversize amount of courage!

Record amount raised for Jean Webber Home

For the past five years, Life Pasteur Hospital’s rehabilitation team, together with the Association for People with Disabilities in the Free Sate, has held an annual fundraiser in aid of the Jean Webber Home for the Disabled. The aim is not only to help the home financially, but also to raise public awareness of people living with disability and the challenges they encounter on a daily basis.

The 2009 dinner was the most successful to date, both in terms of funds raised and the number of people and businesses supporting the event. R376 000 was raised from ticket sales to the evening dinner and various donations. The theme for the evening was ‘Back 2 School’, with a grand total of 220 enthusiastic ‘pupils’ attending.

The motivational speaker for the evening was an ex-patient from the Life Rehabilitation unit, Jared McIntyre, who was rendered a tetraplegic following a diving accident. Prizes were awarded to the best dressed couples and individuals, the most spirited table as well as to the most impressive dancing couple.

Inter-rehabilitation sports event boosts patient interaction

The world of acute neurological rehabilitation in South Africa is a relatively small one. It is therefore important for the various organisations offering such services to come together from time to time in order to both develop the field of specialisation and enable patients to socialise with and learn from one another. The annual sports day, hosted by the Netcare rehabilitation unit in Auckland Park, is one such event.

Last year’s sports day, held in October, saw a team of 15 patients and eight staff members members from Life New Kensington Clinic’s rehabilitation unit participating. Each patient was greeted with a bag of goodies, before being divided into teams for bingo, wheelchair basketball, wheelchair racing, wheelchair volleyball and both wheelchair and standing discus events. The patients were assisted and cheered on in their efforts by the therapists and other staff.

A Life New Kensington patient, Mr Jeffrey Mnis, made the unit proud when he won first prize in the wheelchair discus. Two other patients, Mr Shabangu and Mr Tsotetsi received third prizes in the wheelchair racing event and the standing discus event respectively. Everyone who attended the sports day took a medal home with them, and the memories of a wonderful day out.

Life Rehabilitation staff members and their spouses who attended the dinner were, from left to right: Jacques and Corina (therapy unit manager) Botha, Philip and Elma (rehabilitation admissions consultant) Heyns, Michelle van Zyl (rehabilitation doctor) and her husband, Jaco Joubert, and Nelia Fourie (nursing unit manager). Front, left to right, Reinet (occupational therapist) and Jacobus Kotze, and Gert Fourie (Nelia’s husband).
André van Dyk, a sound engineer and regular participant in many Afrikaans music shows, was involved in a serious car accident in May last year. When paramedics arrived on the scene, he was deemed to be dead, but a paramedic checked again and found that André had a very weak pulse – less than 25 beats per minute. He was rushed to hospital, where he was declared brain dead, with little chance of survival. However, André’s vital signs kept improving, and two weeks later he regained consciousness.

André was admitted to the Life Eugene Marais rehabilitation unit a month after his accident. He was diagnosed with an incomplete cervical spinal injury, with incomplete motor and sensory innervation to the muscles of his arms, trunk and lower limbs. He initially required a large amount of assistance with all basic activities of daily living, but after three months of intensive inpatient rehabilitation, André was discharged – able to feed himself independently, participate in self care activities, and even able to take a few steps.

South African singer, Mathys Roets, visited André while he was in the rehabilitation unit. Mathys had earlier been involved in a motorbike accident that rendered him a paraplegic and was rehabilitated at the Life Riverfield Lodge rehabilitation unit. As a disabled person who had ‘been there and gotten the T-shirt’, Mathys proved an inspiration not only to André, but to all the other neurologically impaired patients at the unit.

Mathys took his involvement a step further when he organised a music concert with the help of friends in the industry. The aim of the concert was to raise funds to assist André with his medical expenses. Over 30 musicians participated in the event that was held at the Aula in Pretoria, raising approximately R100 000. Some of the famous names that lent their voices to make the evening a resounding success included Pieter Koen, Theuns Jordaan, Snotkop, André Schwartz, Nádine, Hennie Smit, Arno Jordaan, Kevin Leo and Steve Hofmeyr. Some of the funds raised were used to buy a specially adapted sound board for André, which can be operated using only one hand.

There is life after amputation ....
Ex-patients raise money for the physically disabled

27 December 2007 was a day that would forever change the life of Jared McIntyre. He and his girlfriend were swimming in a lagoon which, the day before, had been too deep to reach the bottom, and they had spent the day diving into the water – without incident. However, unbeknown to them, overnight currents had drastically reduced the depth of the water in the area by washing huge amounts of sea sand up to create a sandbank. When Jared dived into the water that ill-fated morning, his head went straight into the sandbank. The 8th vertebra in his neck split in two and the water that went straight into the sandbank. The 6th vertebral body had fractured and the 7th. He was rushed to a hospital and diagnosed with a spinal cord injury. 

Jared began the long road to recovery at the Life Pasteur Hospital rehabilitation unit in Bloemfontein. He attributes much of his emotional recovery at this time to the relationships he built with staff and other patients, ties forged by shared experiences and challenges to be faced and overcome. One such relationship was struck with another tetraplegic, André Venter, who had completed his rehabilitation at Life Pasteur Hospital and returned to his life as an activist for the plight of tetraplegics. André concluded a contract with QASA (Quadpara Association of South Africa), which allowed him to raise funds for a local institution in Bloemfontein, the Jean Webber Home for the Disabled. The initial sponsorship goal was R250 000, but this target was more than doubled when a total of R516 000 was raised a few days prior to the event.

Money is raised through sponsorship of the riders by various organisations and individuals. André concluded a contract with QASA (Quadpara Association of South Africa), which allowed him to raise funds for a local institution in Bloemfontein, the Jean Webber Home for the Disabled. The initial sponsorship goal was R250 000, but this target was more than doubled when a total of R516 000 was raised a few days prior to the event. One of the seemingly simple events in the last few months.

A total of 400 riders participated, of which three were tetraplegics and three were paraplegics. Approximately 370 riders finished, including all six spinal cord injured participants.

Says Jared: “It was four days of driving on gravel, road and veld, over railroad crossings, through farmlands, traversing rivers, koppies and forests to complete 1 000 kilometres of immense fun and life changing adventure.”

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