



# PARAVIEW

Spring—Summer 2010-2011

ParaQuad Tas. Inc.

Be Inspired!	1
Editorial.	2
Diary Dates	
Chairperson's Report	3
Vale: Glenn Moore	4
Benefits of Tai Chi	6
Colonoscopy info for people with SCI	7
Glenn Moore Units	8
Robust regeneration of nerves— sci	9
Guide to the Restless	10
Assisted living made easy— clothing	11
Tasmanian Anti-Discrimination & In Control 100 Leaders Project	12
Open Universities Australia	13
Harold' s Corner	14
Medicines Talk	15-16
Sports Report	17
Book Review & Day Trip	19

## *Be Inspired!*

*I try to be a good father. Give my kids mulligans. Work nights to pay for their text messaging. Take them to swimsuit shoots said the journalist who wrote this article!*

### **But compared with Dick Hoyt, I suck!**

Eighty-five times he's pushed his disabled son, Rick, 26.2 miles in marathons. Eight times he's not only pushed him 26.2 miles in a wheelchair but also towed him 2.4 miles in a dinghy while swimming and pedaled him 112 miles in a seat on the handlebars--all in the same day.

Dick's also pulled him cross-country skiing, taken him on his back mountain climbing and once hauled him across the U.S. on a bike. Makes taking your son bowling look a little lame, right? And what has Rick done for his father? Not much--except save his life.

This love story began in Winchester, Mass., 43 years ago, when Rick was strangled by the umbilical cord during birth, leaving him brain-damaged and unable to control his limbs."He'll be a vegetable the rest of his life," Dick says doctors told him and his wife, Judy, when Rick was nine months old. "Put him in an institution."

But the Hoyts weren't buying it. They noticed the way Rick's eyes followed them around the room. When Rick was 11 they took him to the engineering department at Tufts University and asked if there was anything to help the boy communicate. "No way," Dick says he was told. "There's nothing going on in his brain." "Tell him a joke," Dick countered. They did. Rick laughed. Turns out a lot was going on in his brain.

Rigged up with a computer that allowed him to control the cursor by touching a switch with the side of his head, Rick was finally able to communicate. First words? "Go Bruins!" And after a high school classmate was paralyzed in an accident and the school organized a charity run for him, Rick pecked out, "Dad, I want to do that."

Yeah, right. How was Dick, a self-described "poroker" who never ran more than a mile at a time, going to push his son five miles? Still, he tried. "Then it was me who was handicapped," Dick says. "I was sore for two weeks."

That day changed Rick's life. "Dad," he typed, "when we were running, it felt like I wasn't disabled anymore!" And that sentence changed Dick's life. He became obsessed with giving Rick that feeling as often as he could. He got into such hard-belly shape that he and Rick were ready to try the 1979 Boston Marathon.

"No way," Dick was told by a race official. The Hoyts weren't quite a single runner, and they weren't quite a wheelchair competitor. For a few years Dick and Rick just joined the massive field and ran anyway, then they found a way to get into the race officially: In 1983 they ran another marathon so fast they made the qualifying time for Boston the following year. Then somebody said, "Hey, Dick, why not a triathlon?"

How's a guy who never learned to swim and hadn't ridden a bike since he was six going to haul his 110-pound kid through a triathlon? Still, Dick tried.

Now they've done 212 triathlons, including four grueling 15-hour Ironman' s in Hawaii. It must be a buzzkill to be a 25-year-old stud getting passed by an old guy towing a grown man in a dinghy, don't you think?

*Courtesy: Inspirational Stories website*





# Editorial



Hi Everyone,

Again the end of another year and so many tasks not finished, indeed, some not even started! Each year we all promise to ‘start’ something— what happens? We settle back into ‘same old, same old’ for another year always thinking about getting a good routine— we all do it and yet somehow we promise ourselves that ‘next week’ that becomes ‘next month’ and so on.

Well, we want to encourage all of you to think about doing an **Open Universities Australia (OUA)** course this coming year. You can work at your own pace, in your own home, and educate yourself on something you all thought you would get around to ‘next year’. All our life we can learn something new and now is the time!

Even if you can’t find the time or energy you might know someone else who could be interested. We have include information on **OUA** in this Paraview so you can look up the information online at: [www.open.edu.au](http://www.open.edu.au) and see if any course appeals to you.

Some of you may be unaware that our past Chairperson, Glenn Moore passed away in October and to honour his life with ParaQuad Tas. we have included a Vale for Glenn in Paraview. Those of us, who knew him well, will miss him greatly.

We all wish you a Happy Christmas and a very Health New Year.

Louise, Harold and Jenny



## **PQ Tasmania Healthcare Supplies**

### **Christmas Closing Dates**

24th December—4th January

Please make sure you order early to ensure you have sufficient supplies over the Christmas / New Year period

The staff—Rob, Marnie, Susan, David and Adam wish all our customers a Very Happy Christmas and a Very Healthy New Year



# Chairperson's Report

## Chairperson's Annual Report 2009-2010

The 2009 – 2010 year has been a very busy one for ParaQuad Tas. Inc. as we have had to respond to the challenges facing us in our endeavour to provide more services to our members without an increase in funding from government.

Firstly, it is with sadness that I mention the passing of two very respected ParaQuad Tas. Board Members this year. Glenn Moore, past Chairperson and Doug Free, Membership Registrar - both were wonderful advocates, mentors and passionate members who worked tirelessly for people with spinal cord injury and they never let their disability affect their lives.

This year is the twenty first year that ParaQuad Tas. has been in operation so I am very pleased to give the 20<sup>th</sup> Annual Report and acknowledge the wonderful achievements that have occurred during the past twenty years. Although I have not been involved in ParaQuad Tas. for many years I can appreciate the philosophy that Glenn Moore brought with him when he and a few other people decided it was time to begin the 'new phase' of the almost defunct Association back in 1990. Without the dedication and commitment of Glenn and his band of 'merry women and men' we would not be sitting here today reflecting on the achievements that have allowed the Association to grow and develop services for people with spinal cord injury and other disabilities.

There are many milestones that have passed and I think that the culmination of these is the building of the 'Glenn Moore' units. These units were the vision that Glenn had so many years ago and when they were finally built it showed the community that if people have a vision that is attainable then the effort is rewarded – even it takes longer to achieve than one would like. Glenn recently gave ParaQuad Tas. money to erect a porch to the second unit which is very much appreciated.

The units have been so well occupied during the past eighteen months of operation our expectations of bookings have been well exceeded. Many, many people have accessed the units and no one has had a negative comment – in fact quite the opposite they have all been very appreciative of the units and the accessibility.

Without the enormous energy and commitment by Rob Fahey, Executive Officer to develop policies and procedures to bring ParaQuad Tas. up to legal requirements the Board could not have had a clear direction for the future. We have developed a strong Strategic Plan and continued to upgrade our policies.

Some of our successes this past year have been:


- Regular peer support visits to Austin Hospital and Talbot Rehab., Melbourne
- The continuing development of the Physical Disability Sports Program
- 'Arrive Alive' competition throughout schools / colleges
- Successful in gaining a vehicle for the Association from Tasmanian Government
- Meetings with government and opposition politicians
- SpineSafe Program and Sports Days at schools
- Volunteers and staff have attended many meetings held by organisations and government
- Access Audits
- Development of the Quality Assurance requirements of Tasmanian government

### Projects for 2010-2011 are:

1. Advocacy focus both individual and systemic. Now we have secured a vehicle it is hoped that staff and volunteers will be able to visit many members to offer advocacy and / or peer support to people in their own homes. We will also be seeking their input on issues that impact on their lives

2. Further development of the Physical Disability Sports Program across Tasmania which is being funded by Tasmanian Government Grant for two years.

3. Continue SpineSafe Program and have a commitment to having the P.A.R.T.Y. Program brought to Tasmanian hospitals by 2012. P.A.R.T.Y. is a 'hands on' education program on the consequences of risk taking behaviour.

4. Seek Grant to update the Wheelie Good Guide for Tasmanian tourism. 

Before closing on behalf of the Board I wish to extend our sincere thanks to Rob for his dedication and commitment this past year managing the business service. Rob has shown all of us that to be successful you have to be professional in all aspects of managing a business. He has worked to ensure we meet all government requirements and that the business (**now called PQ Tasmania Healthcare Supplies**) continues to be viable in Tasmania.

*Merry Christmas to all ParaQuad Members and Readers, Scott Shaw*

(Cont. from Page 1) Hey, Dick, why not see how you'd do on your own? "No way," he says. Dick does it purely for "the awesome feeling" he gets seeing Rick with a cantaloupe smile as they run, swim and ride together.

This year, at ages 65 and 43, Dick and Rick finished their 24th Boston Marathon, in 5,083rd place out of more than 20,000 starters. Their best time? Two hours, 40 minutes in 1992--only 35 minutes off the world record, which, in case you don't keep track of these things, happens to be held by a guy who was not pushing another man in a wheelchair at the time.

"No question about it," Rick types. "My dad is the Father of the Century."

And Dick got something else out of all this too. Two years ago he had a mild heart attack during a race. Doctors found that one of his arteries was 95% clogged. "If you hadn't been in such great shape," one doctor told him, "you probably would've died 15 years ago." So, in a way, Dick and Rick saved each other's life.

Rick, who has his own apartment (he gets home care) and works in Boston, and Dick, retired from the military and living in Holland, Mass., always find ways to be together. They give speeches around the country and compete in some backbreaking race every weekend, including this Father's Day. That night, Rick will buy his dad dinner, but the thing he really wants to give him is a gift he can never buy.

"The thing I'd most like," Rick types, "is that my dad sit in the chair and I push him once."

To see a photo gallery of Dick and Rick Hoyt, go to [SI.com/teamhoyt](http://SI.com/teamhoyt). If you have a comment for Rick Reilly, send it to [reilly@sletters.com](mailto:reilly@sletters.com).

## Gone but never forgotten

### In Memory of Glenn Moore the ParaQuad Legend

**M**embers of ParaQuad Tas. are extremely sad that Glenn has passed away and our immediate feelings are that it is far more important to think about how much he enriched our lives rather than to dwell on his passing.

We are so fortunate to have Glenn come into our lives and to be the mentor to so many people within ParaQuad Tas. He was ' Mr. Paraquad– captain of the ship or Admiral of the Fleet' and a person who believed in what can be achieved by a few volunteers within a very small organisation.

At a meeting on 25<sup>th</sup> February, 1990 it was a unanimous decision, by those in attendance that the Association reform. After much discussion the Association's major objective was to raise \$100,000 in ten years for respite units– this was achieved.

The Association became and incorporated body in November, 1990 with Glenn as the President. In 1990 the Association's audit showed that ParaQuad Tas. had six financial members and \$261 in the bank! From 1992 to 1993 the ParaQuad office operated from Glenn's home and the business known as Medical Equipment Supply Service from Val and Roger Briggs home. ParaQuad Tas. was then offered rooms at the (then) Rehabilitation Centre at Tower Road, New Town. In 1998 when the Rehab Centre at Tower Road was closing down ParaQuad Tas. had to find new premises so we purchased 26 Tolosa Street, Glenorchy for the ParaQuad Tas. offices. Glenn planned and renovated the then kindergarten premises.

Within 2 years the business service Independence Solutions (**now PQ Tasmania Healthcare Supplies**) outgrew the new premises and moved to larger more suitable premises in 65 Albert Road Moonah.

This move allowed ParaQuad Tas. to renovate the building and build the (now) ' Glenn Moore' spacious living respite units. Glenn was also involved with: Hobart City Council Access Committee – 1996-2010 and member of Clarence Council Access Committee; an inaugural member of the Association of consultants in Access Australia (1996 and State President of ACAA from 2001 – 2006; active in ensuring appropriate access for Hobart Aquatic Centre; member of team who produced the Hobart Mobility Map and auditing of many, many business houses/venues in southern Tasmania.

ParaQuad Tas. Board Members thank Glenn and his late wife Shirley for their vision back in 1990 and Glenn's dedication and commitment towards the unit development and continued development of ParaQuad Tas. during the past twenty one years – mighty effort by a mighty man. Many other people would have said ' too hard get the government or someone else do it' !

**Glenn's dream became a reality– what a wonderful legacy he has given to people with physical disabilities who require fully accessible, short term respite accommodation at very reasonable cost!**

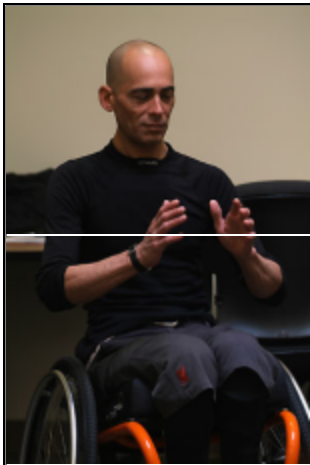
## The Physical and Mental Benefits of Seated Tai Chi

*A study in San Jose, California, finds where movement, meditation and spinal cord injury come together.*

*By Kazuko Shem, MD*

If every picture tells a story, picture this: a group of people, gathered around an instructor, are slowly moving their hands inward and outward from their bodies. The instructor tells them to imagine that they are mimicking the graceful, effortless movement of seaweed. “I want each of you”, she says quietly, “to visualize being a long strand of kelp in Monterrey Bay. The current is gently circling around you and you are moving forward ...then backward ...then forward”.

What you’re seeing here, if your imagination is as good as theirs, is a Westernized version of Tai Chi called Tai Chi Chih® – Joy Through Movement. Unlike practitioners of the conventional form of Tai Chi who are generally lined up in rows, these individuals are in a circle. And unlike the vast majority of people who are standing up in those rows, they are seated because of spinal cord injuries and other mobility disorders.



### **An Unexplored Research Niche**

I became a student of this meditative variation of an ancient Chinese form of self-defense myself several years ago when I was experiencing chronic neck pain, and I wanted to give Tai Chi Chih a try to get a relief from my neck pain.

One of the wellness benefits in my health plan was the opportunity to take a Tai Chi class, and when I was discussing my work as a rehabilitation physician with the instructor, she explained that some of the different forms and postures had been adapted to use only the upper body and could be carried out by people who were seated. I was especially intrigued when she mentioned that the exercises concentrated on wrist movements since people in wheelchairs often overuse their shoulders.

I quickly found a number of studies done on the physical and mental health benefits of Tai Chi Chih and Tai Chi in general, as well as some specific research on its value for people with neurological disabilities. There is also a considerable amount of research and literature on wheelchair exercise, although it focuses on strength and resistance training or aerobic conditioning. But there was virtually nothing related to the benefits of doing Tai Chi from a seated position, including a wheelchair. So it seemed that there was an unexplored niche here, an opportunity for some further study.

The instructor and I then decided to develop specifically a seated Tai Chi Chih class for individuals with disabilities who cannot do standing Tai Chi Chih.

I am currently conducting a spinal cord injury research study on which I am the Principle Investigator. I was fortunate to be awarded a Quality of Life Grant from the Christopher and Dana Reeve Foundation, and we developed a research study that followed individuals with spinal cord injury over a 12-week period doing weekly Tai Chi Chih sessions. They also did the exercises at home with guidance from an instructional DVD that we produced.

Our objective for the initial study was fairly basic. We wanted to see if the stress reduction and improvements in quality of life and other benefits of conventional standing Tai Chi Chih could be transferred to the seated version. The short answer is a definite yes. The initial objective of the now ongoing study was to look at things like reduced pain and an increase in overall well-being and that’s what the individuals taking part in Tai Chi Chih reported.

### **A Skeptic Convinced**

One of the participants in the study was a very athletic man who had sustained a spinal cord injury in a skiing accident over 25 years ago. He has stayed in good shape, doing a lot of exercise as well as yoga, but he was a little skeptical at first about Tai Chi Chih. He said it seemed a little “holistic” and wasn’t something he ever considered doing.

It only took one session for him to determine that he was getting something out of it, because he immediately noticed the calming effect it created. Over the course of several sessions he also recognized that it had value purely as a physical exercise. Other participants reported similar benefits including improvements in posture and functional strength that offered some direct transference to daily life. Some

described feeling less fatigue during the day and noticing an improved sense of relaxation. What I've also been seeing is that people seem to like the social nature of the class. Being in a group like this is different from solitary exercise. It's more like going to a gym and the participants have a chance to support and inspire each other during the sessions.

Based on what we're seeing at this point, we're committed to continuing the study into the future and hope to increase the number of people taking part. At some point we'd like to include men and women with other ambulatory disabilities in addition to individuals with spinal cord injury. There is still work to be done, more research to carry out, but already there is some strong evidence indicating that a very basic, low tech and inexpensive form of exercise—really a combination of exercise and meditation—can have a positive impact.

As someone who has been involved in a quite a few research projects, I know that some considerable time can pass before the results of a study translate into something of value for the people involved. But in this case the benefits of seated Tai Chi were seen almost immediately. Even before the participants in the study reported on their experience, we observed a very basic but telling change in the group; people simply seemed more relaxed.

There were, as the instructor pointed out, more smiles each week. And that has been very gratifying for researchers and participants alike.

*Dr. Shem is a Physical Medicine & Rehabilitation specialist at the Rehabilitation Center at Santa Clara Valley Medical Center in San Jose, California.*

## DATES FOR YOUR DIARY 2011

### Get Active— Be Healthy!

#### BASKETBALL

Saturday 15<sup>th</sup> January 2011 at 10:00 am  
Moonah Basketball Stadium  
Island Hoops Wheelchair Basketball Tournament  
14-15 May 2011  
Kingborough Sports Centre

#### LAWN BOWLS

One Up One Down Pairs Tournament  
8<sup>th</sup> May 2011  
Hobart Indoor Bowls Club  
6 Pear St  
Derwent Park  
Practice weekly Friday 10:00 – 12:00

#### BOCCIA

Saturday 29<sup>th</sup> January 2011 12:30 – 2:30  
Moonah Basketball Stadium  
**Darts 'Have a Go' Day**  
5<sup>th</sup> February 2011  
(Venue to be confirmed)

If you are interested any of the above events **Contact Kevin 6272 7513**  
**Email: [kfaulkner@paraquadtas.org.au](mailto:kfaulkner@paraquadtas.org.au)**



# Colonoscopy: Important for Persons with Spinal Cord Injury (SCI)

## *Here's some detailed information about the importance of colonoscopy in the early detection of colon cancer in persons with SCI.*

*By Ravi R. Vinnakota MD, Robert Williams MS, Dr. Mark Korsten, MD, Marinella Galea, MD, and Ann M. Spungen, EdD*

### **Colonoscopy**

A colonoscopy is an instrument used by a gastroenterologist to look into a patient's large bowel (colon). A gastroenterologist is a stomach and intestinal (bowel) doctor. Colonoscopy provides the physician with a complete picture of the inside layer of the colon and rectum. It is quick, and associated with only minimal discomfort. The results are extremely helpful to the physician because it allows him/her to see growths such as polyps and/ or cancer.

### **Why is the colon important?**

As we eat food, it moves down the esophagus into the stomach. As the breakdown of the food proceeds, it first travels down into the small bowel where most of the nutrients are absorbed. The left-over material moves down to the colon (large bowel), entering first the right side of this structure.

As stool moves from the right to the left side of the colon, most of the water and some minerals are absorbed. Uptake of water results in solid stool that is stored in the rectum until evacuation.

### **How is the colon different in persons with spinal cord injury?**

In persons with spinal cord injury (SCI), the nerve connections between the bowel and the brain are disrupted. As a result, the normal movements of the bowel, called peristalsis, may be diminished. In addition, when the rectum is filled, persons with SCI may not be able to know when the rectum is ready to be emptied.

Given these abnormalities, persons with SCI may need help in ridding the body of solid waste. Typically, a person with SCI who experiences problems with bowel movements is placed on a regular schedule of "bowel care". Bowel care is important because it prevents obstruction of the colon by stool (impaction) and "accidents" (incontinence). Bowel care is not only time consuming, it can cause depression and anxiety in some persons.

Since someone with SCI may not know when serious alterations in bowel function have occurred, colonoscopy should be carried out more frequently than in persons who are not paralyzed. The problem in doing colonoscopy, however, is that it requires a "clean" colon to be effective. This is very difficult to achieve in persons with SCI.

Therefore, although colonoscopy is generally recommended to be carried out every 10 years in able-bodied individuals after the age of 50, the frequency may need to be modified in people with SCI, particularly for those in whom the colon clean-out was inadequate.

### **Why is colon cancer so dangerous?**

Colon cancer is the second most diagnosed cancer in the United States of America. We currently believe that spinal cord injury (SCI) patients have the same risk or worse as able bodied persons for colon cancer because of the disruption of normal bowel routines due to their SCI. This is a serious cancer. In the US, colon cancer is diagnosed in 150,000 people every year and 55,000 people per year die from it. Moreover, colon cancer rates seem to be steadily rising, possibly because of poor diet and other risk factors.

Colonoscopy is the best way to diagnose and remove polyps (pre-cancerous growths that may grow and become colon cancer). However, people do not seek assistance from their physician because they do not or cannot (in the case of persons with SCI) recognize the signs and symptoms of the disease. ↵

## What can be done to reduce the risk of colon cancer?

If you are 50 years or older, you should ask your doctor to refer you to have a colonoscopy. This is especially important if there is a change in your bowel habits or you notice blood in your stool or have persistent abdominal pain. These symptoms should never be ignored. If these symptoms are ignored, an early cancer which is curable may become an advanced cancer which is incurable.

As noted above, persons with SCI may not have any symptoms and screening for colon cancer on a regular basis is even more essential. A colonoscopy will give you a better chance at removing polyps at an early stage and prevent further complications. Colon cancer can affect either the right or left side of the colon. There are often fewer symptoms when the cancer involves the right side of the colon. However, the colonoscopy can reach all parts of the colon.

The guidelines of the American College of Gastroenterology for Colorectal Cancer Screening are as follows: everybody should have colorectal cancer (CRC) prevention screening every 10 years beginning at age 50. Screening in African American (black) persons should begin earlier, probably as early as age 45 because of the higher incidence of CRC in this population. These guidelines may be modified if a 1st degree relative (parent or sibling) developed colon cancer. In summary, colonoscopy is crucial in preventing colon cancer in everyone, especially in persons with SCI. While the preparation to “clean out” one’s colon may not be pleasant; the potential for prevention of colon cancer far out weighs the disagreeable nature of the preparation.

If you have not had your colonoscopy screening yet, please contact your local SCI physician for a colonoscopy.

At the James J. Peters VAMC call Robert Williams at (718)-584-9000, ext.3130 or 3126 and e-mail: [Robert.williams206485@va.gov](mailto:Robert.williams206485@va.gov).

*The authors are physicians and research staff at the James J. Peters Department of Veterans Affairs Medical Center in the Bronx, New York.*

## GLENN MOORE UNITS. 26 –28 Tolosa Street GLENORCHY

Since the opening of the units, we have had 26 Registrations and for the next three months we have 10 confirmed and 2 pencil bookings. October was completely booked , with November and December nearly the same.

Those who have stayed have all been grateful that we have the units available for people with disabilities, especially needing the level access, hoists, and accessible bathrooms. The location and beautiful views of the mountain are always mentioned.

Most of our visitors have come from the mainland for holidays or respite, this is so pleasing as many have not been able to travel before because of the difficulty with access and accommodation. Quite a few have definite plans of returning and are also keen to pass the word about the units, which is great for us.

We have families who are now able travel regularly to Hobart for Specialist and Doctors appointments, as the accommodation is available, suits their needs and saves along and tiring day trip.

Contact: Kerrie—6272 8816 for more information on cost etc.

## Robust Regeneration of Nerves in Adult Spinal Cord

**R**esearchers for the first time have induced robust regeneration of nerve tissue connections in injured adult spinal cord sites that control voluntary movement. These findings provide hope that it may be possible to design therapies for paralysis and other impairments of motor function arising from spinal cord injury.

In rodent studies, the Children's Hospital Boston, UC Irvine, and UC San Diego team made this breakthrough by turning back the developmental clock in a molecular pathway critical for the growth of nerves in the corticospinal tract. The corticospinal tract is a bundle of nerves connecting the brain and spinal cord. While some degree of nerve regeneration has been achieved in other regions of the mature central nervous system (CNS), adult corticospinal nerves have been particularly resistant to regeneration after injury.

The corticospinal nerve regeneration was achieved by deleting PTEN, an enzyme that acts as a critical brake on cell growth. One of the key growth molecules whose activity can be reined in by PTEN is mTOR. In early stages of life, PTEN activity is low, allowing mTOR to promote developmental growth processes. In later stages, PTEN activity is increased and mTOR activity is decreased so that growth is more restricted.

In looking at how to restore early developmental-stage cell growth in injured CNS tissue, Zhigang He, a neurology associate professor at Children's Hospital Boston—working with Mustafa Sahin, also of the Children's Neurology Department—showed in a 2008 study that modulating the PTEN/mTOR pathway enabled regeneration of new connections from the eye to the brain after optic nerve damage. He is now partnered with Oswald Stewart from UCI and Binhai Zheng of UCSD to use the same approach to induce nerve regeneration in injured spinal cord sites. Results of their study appear in the Aug. 8 online edition of Nature Neuroscience.

“Until now, such nerve regeneration has been impossible in the spinal cord,” says Oswald Stewart, anatomy & neurobiology professor and director of the Reeve-Irvine Research Center at UCI. “Paralysis and loss of function from spinal cord injury has been considered untreatable, but our discovery points the way toward a pathway to develop a therapy to induce regeneration of nerve connections following spinal cord injury in people.”

## Height adjustable exam beds now mandatory

**T**he Australian Human Rights Commission has congratulated the Royal Australian College of General Practitioners (RACGP) for its decision to ensure that height adjustable examination beds are available in each General Practice.

Disability Discrimination Commissioner Graeme Innes said the Commission had advocated for this for a number of years and said it was an important decision that would help to improve health outcomes experienced by people with disability compared to those of the broader population.

“One small but important barrier to equitable health outcomes for people with disability has been the lack of availability of height adjustable examination beds in general practices,” Commissioner Innes said.

“The lack of these beds has resulted in missed opportunities for thorough and dignified examinations and screening,” he said.

Commissioner Innes acknowledged the original research on this issue undertaken by Sheila King, and congratulated Women with Disabilities Australia, People with Disability Australia, Physical Disability Council NSW and COTA NSW on their advocacy in bringing about this change.

“The availability of height adjustable examination beds will improve the capacity of health professionals to effectively examine and screen all patients,” Mr Innes said.

For more information visit: [humanrights.gov.au/disability\\_rights/health/open0807.htm](http://humanrights.gov.au/disability_rights/health/open0807.htm)

## Low- Cost or No- Cost Activities: A Guide for the Restless

*What the vacation is to the traveller, these are to the hobbyist: activities that can occupy anyone with a lot of ambition and not so much money.*

*By Clare Willson*

**H**ave you noticed that aside from medical expenses, being disabled doesn't come cheap? Certainly everyday activities that are within my physical capabilities always seem to cost a boatload of money. My partner jokes that his wallet comes home a hundred dollars lighter every time we go out! Things that I can do—going to a movie or play, eating out, or visiting the mall—are possible, but they always involve some financial outlay. For most of us, prescription co-pays, hospital stays, and doctor visits take a big bite out of our budget, forcing us to be thrifty with our remaining dollars.

Just dropping by a neighbor's house is tricky as all my friend's homes have a mountain of imposing steps leading to their front doors. (Jolly inconsiderate of them!) A portable ramp can cope with a couple of steps, but you'd need a mighty long one for six steps or more. If I want to see them, they know they have to come to my house!

As a hemiplegic in a power chair, it has taken a lot of head scratching to find just what types of entertainment and hobbies I can pursue that do not cost an arm and a leg (I only have one of each to spare anyway). Here are some of my freebie hobbies:

### **Board (and Other) Games**

I am the self-proclaimed queen of the Scrabble board, and I find it quite entertaining, especially as I am British. This leads to many good-natured disagreements over spelling. (I am not merely trying to get rid of my *u's*: *flavour* and *colour* really *are* spelled that way—just ask the Queen!)

I have also revived my interest in playing chess; although to date I am a pretty appalling player. Board games have the added benefit of involving friends. Activities that require mental strategy are an excellent workout for my multiple sclerosis-taxed brain. I believe “a crossword a day keeps degenerating neurons at bay” as does Sudoku and any type of brain-teasing puzzle.

### **Electronic Enlightenment**

My trusty laptop computer is invaluable for e-mailing and perusing social networking sites to seek out those in a similar situation.

Websites such as [pogo.com](http://pogo.com) or [candystand.com](http://candystand.com) have a diverse array of free online games, but beware: some can be very addictive! I also enjoy uploading photos from my digital camera, which I carry in my purse wherever I go. I love the immediacy of viewing my pictures on the computer.

Another economical way to keep your mind sharp is to register for a free online course. I enrolled in a six week forensic science course which was enjoyable and informative. Check out [distancelearn.about.com](http://distancelearn.about.com). You may have to buy a book or two, but can purchase used books on [eBay.com](http://eBay.com) or [Amazon.com](http://Amazon.com).

### **Hand(s)-On Activities**

I have experimented with oil painting, sketching and embroidery projects. With one good hand, I won't deny it's a challenge. Those who like to cook, but find it impossible or unsafe to use a stove could have fun researching tasty recipes that can be made easily in the microwave oven.

When I was ambulatory, I was Vice President of my local garden club. My love of plants remains, but wielding a garden spade one-handed results in me tipping out of my chair, landing facedown in the flower bed. Added to this my chair gets stuck on wet grass, with wheels spinning wildly going nowhere fast. My safer alternative is to plant spring bulbs, annuals and vegetables in large containers on my patio. They are reachable from my wheelchair and can be watered easily. My collection of house plants brings greenery indoors and gives me a lot of pleasure too.

### **Books and Book Talk**

I am an avid reader and have been a book club member for many years. Our weekly meetings involve only the cost of the book, and we meet in an accessible building. Our stimulating sessions unfailingly lead to lively (sometimes heated) discussion.

I download books to my Kindle electronic reader which is easier for my one hand to hold as there are no pages to do battle with.

## **Volunteering**

Until recently I volunteered a few hours a week for a crisis hotline. Volunteering can be anything from reading to pre-schoolers at your local library to mailing donation envelopes for (in my case), the National MS Society.

The bottom line is to experiment. Minimize activities that are costly and try using different approaches to new hobbies and interests. Involve your friends as much as possible to avoid feeling isolated. Perhaps you could start your own club? This will keep your mind stimulated and your bank account happy and healthy also.

**Clare Willson is moving to Syracuse, New York, this summer. Her last piece for *Action*, "[Hemiplegia: A One-Sided Life](#)," appeared in January-February 2010.**

## **ASSISTED LIVING MADE EASY**

### **CLOTHING SOLUTIONS**

Whether you are in assisted living or maintain your independence, our easy to use open back design garments make dressing and undressing really easy. These garments are perfect for the elderly, persons affected by arthritis, parkinson's disease, stroke, multiple sclerosis, spinal injury and other disabilities. Best of all, these garments are fashionable and don't appear any different to main stream garments. This really is fusing fashion with dignity. (patent pending 583124).

### **CUSTOM MANUFACTURING**

The company specialize in custom manufacturing of all garments for the elderly and disabilities sectors. They are only too happy to create garments tailored to individual disability needs or desires.

Dressing made easy with discreet opening seams giving the appearance of a convention garment.

Dome cuffs for quick and easy fastening or release

Recessed detailing at the base of mens shirt garments allows for tucking and yet free from accident areas.

Name tags for easy resident identification.

### **GARMENT FEATURES**

Absolutely NO Velcro

Discreet overlap seam on the back of garments allows for easy dressing and also provides extra warmth to the back and spinal areas.

Comfortable fabrics used in nightwear garments.

Discreet dome cuffs on mens shirts.

A stylish conventional dress appearance fusing fashion with dignity

Selective garments provide for medical interventions such as peg feeds, morphine pumps, colostomy bags etc.

A name tag for easy naming identification.

The appearance of buttons without the hassle.

### **DRESS WITH EASE**

Enables those with minor to moderate physical disabilities to dress independently.

Garments ideal in palliative care situations.

Garment design allows the person to be easily and comfortably dressed or undressed.

Maximises nursing access to a patient

Reduces risk of injury to caregivers whilst dressing the patient and reduces dressing times.

Allows for ease in toileting and changing of incontinence care products.

Styled and manufactured in Canterbury, New Zealand.

Web: [www.clothingsolutions.com.au](http://www.clothingsolutions.com.au)

Phone: 0064 33102193 Fax 0064 33102195

Email: [clothingsolutions@xtra.co.nz](mailto:clothingsolutions@xtra.co.nz).

*Pamphlet available at ParaQuad Office, 26 Tolosa Street, GLENORCHY.*

*Please contact Kerrie at 03 6272 8816.*

*NB: One of our members has used this service and is very pleased with the clothing purchased.*





## Find the right study fit for your life through Open Universities Australia.

### Getting started with study.

You call the shots when you study through OUA. When picking units, you control your schedule to meet the demands of your working and home life. OUA will assist you in finding the right course, connect you with the university, lecturers and students you need to speak with and provide support when you need it. We will help guide you through the process when you send us an online enquiry, pick up the phone or enrol online.

### Call a Student Advisor

Within Australia\* 1300 36 36 52

From outside Australia\* +61 3 8628 2555 \* Monday to Friday, 8.30am - 5.00pm AEST

### Preparing for Study

Undertaking online study can be exciting and challenging, so knowing what to expect and preparing yourself as a learner is key to enjoying your studies. Do you know what learning style you have? Think about learning and then think about learning online; how will you need to prepare for this study mode?

### Think about your learning style

Not everybody learns the same way. What's important is to recognise what learning method works best for you. Here are some questions to get you thinking about yourself as a learner.

Do you:

- prefer to see pictures, graphs, maps of information than to read text? You may be a visual learner
- find it hard to sit for long periods of time and get fidgety? You may be a kinaesthetic learner
- like to read, do crosswords, play with words? You may have a linguistic style of learning
- prefer to listen to the radio/ podcast instead of reading? You may be an auditory learner
- like to study on your own? You may have an intrapersonal style of learning
- like to study with friends? You may have an interpersonal style of learning
- like to follow instructions, formulas, maps? You may be a mathematical learner

Understanding the way you learn most effectively will allow you to tailor your study practices towards your personal style. Think creatively about ways you can use your learning style to your advantage. Could you record your study notes and listen to them? Draw a visual representation? Chat online with other students about what you learn? Find what works best for you and you'll discover greater enjoyment in your studies and be rewarded with better results.

### Find support through networking

Distance learning can sometimes feel isolating. You might benefit from developing an online network of friends, mentors or fellow students who can provide advice, perspective and feedback. You can [connect with other OUA students](#) in the OUA student community forum and network with fellow students in your unit through the study contacts list. Networking with other students is a great way to share study tips on preparing for exams, managing your time and tackling assignments. Having a support network will help you develop techniques to succeed in your studies and enjoy your learning experience.

### Set realistic expectations and get prepared for online learning

Students are expected to develop study skills such as researching, academic writing, critical thinking, how to structure different types of documents (such as an essay or a report) and referencing. We have some specific [Enabling Units](#) that will assist with this preparation and some services to help you develop your skills in [academic writing and critical thinking](#).

### Know where to get help

You are not alone in your study endeavours. If you have questions about FEE-HELP, or want to check your exam results or need help with your study program our Student Advisors are here for you. Check your study materials for information on how to contact your support staff at your university.

If you are unsure of where to get help, visit [OUA Student Advisors](#). Remember, we're here to help make your study journey a success.



## Spinal Cord Injury Resource & Information Website

[http://www.wheelchairnation.com/ssistive\\_technology.html](http://www.wheelchairnation.com/ssistive_technology.html)

### Ability Technology explaining: 'What People do with Assistive Technology'

We have worked alongside people with a disability for many years. During that time we have seen hundreds of people transform their lives, becoming more productive and independent, through assistive technology.

Here is a sample of what we've seen them do:

- **WRITE** letters, emails, faxes, stories, poems, essays, theses.
- **SPEAK** through synthetic speech.
- **TELEPHONE** friends and family members, from fixed, mobile or internet phones.
- **CREATE** music, recipes, embroidery, poetry, designs
- **ORGANISE** their lives – appointments, contacts, rosters, to-do lists
- **WATCH DVD** movies, sport, documentaries, nature programs
- **LOOK UP** news, weather, share market, dictionary, postcodes, transport information, maps, traffic information, accessibility information, encyclopaedia, TV guide, reviews.
- **PLAY** music, games on their own, games with family members and friends, on-line games with others anywhere in the world.
- **PHOTOS** and **MOVIES**. Take them, edit them, store them, share them.
- **MANAGE** budgets, finances, investments.
- **READ** books, journals, newspapers, web sites.
- **WORK** in a paid or voluntary capacity
- **CONTROL** television, music, lights, lamps, internal doors, air conditioner, front door access, windows, blinds, telephone, heaters, fans.

#### ABILITY TECHNOLOGY

29 Frenchs Forest Rd Seaforth NSW 2092

Tel: 02 9907 9736

Fax: 02 9907 9599

Email: [info@ability.org.au](mailto:info@ability.org.au)



# Medicine interactions explained

The work of a medicine is done by its **active ingredient**, which is the chemical in the medicine that produces the intended effect.

But, what happens if you are taking more than one medicine, and so have more than one active ingredient in your body?

## What happens?

Most of the time, each of the active ingredients works separately as intended, and each produces the desired changes in your body.

However, sometimes, two active ingredients interfere with each other, which results in one of the medicines working more strongly or less strongly than intended.

Most of the time, the effect of the interaction is too small to be noticeable. Occasionally, the change is big enough for the interaction to have a significant effect on the body.

For example, an interaction with a blood pressure medicine could cause it to work too strongly, lowering your blood pressure so much that you feel lightheaded or faint when you stand up suddenly.

Conversely, an interaction could cause your blood pressure medicine to work too weakly, so the medicine does not lower your blood pressure enough.

An interaction may also make you more likely to experience other side effects from the blood pressure medicine or increase the severity of those side effects.

Experiencing an interaction does not necessarily mean that you have to stop the medicine that is causing the interaction. In some cases, interactions may be dealt with by simply adjusting the dose of one or both medicines.



## What medicines can interact?

Interactions are not just confined to prescription medicines. All types of medicines can interact with each other, and with some foods and drinks.

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Tell your doctors and pharmacists about all your medicines so they can take potential interactions into account.

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## Who is most at risk?

People who take multiple medicines are more likely to experience interactions, because they have more medicines in their bodies.

Older people, people with some chronic illnesses and young children are more likely to experience interactions, because their bodies do not handle medicines as well as other people.

Interactions are most likely to cause problems when you:

- start taking a medicine
- stop taking a medicine
- increase the dose of a medicine.

Therefore, you should watch out for unexpected symptoms in the first few days after your medicines change in any way.

## Avoiding interactions

### Tell your health professionals about all your medicines

Most interactions between medicines are well known. You can minimise your chance of having an



interaction by telling your health professionals about all the medicines you are taking each time your medicines are changed in some way. That way, any potential interactions can be considered when choosing or recommending a medicine for you.

All your medicines means:

- any medicine prescribed by a doctor or specialist
- any medicine bought at a pharmacy, health food store or supermarket
- any medicine prescribed by an alternative health practitioner
- any traditional medicines you are taking, including creams and herbal medicines.

Telling your health professionals about all your medicines is easier if you have a list of what you take. If you don't have a [medicines list](#), take the time to make one, or ask your doctor or pharmacist to help you. You might like to write them on the [NPS Medicines List](#), which can be ordered from the [NPS website](#).

Keep it in your wallet or handbag, so you have it on hand whenever you need it. Remember to update the list if your medicines change.

### **Read the CMI**

The medicine's [Consumer Medicine Information \(CMI\) leaflet](#) has information about possible interactions. To obtain the CMI leaflet, ask your pharmacist for a copy, or read or download it from the [NPS website](#).

### **Read the label**

Non-prescription medicines bought from pharmacies, health food shops and supermarkets have warnings about their use on the label. Check the label for medicines that might interact with them before buying. If you're unsure whether the information applies to you, ask a pharmacist for advice.

Also, before taking any medicines you have not used recently, [check the label](#).

Particular attention needs to be given to cold and flu tablets and decongestants. Many of these products contain active ingredients that can interact with some prescription medicines.

### **Have your medicines reviewed**

If you take several medicines, it may be worthwhile asking your GP for a [Home Medicines Review](#). A [Home Medicines Review](#) is a check of all your medicines by a specially trained pharmacist, including a check for possible interactions.

### **If you suspect an interaction**

If you think you may be having an interaction, talk to your doctor or pharmacist. They can tell you whether the symptoms might indicate an interaction, and advise you what to do next.

### ***MedisonTalk***

### **[ABC website for people affected by disability](#)**

The ABC is building a website for people whose lives are touched by disability; a place for their issues and stories. Before the launch they would like to hear from those with ideas about how the site should work - its content, its functions, even its name.

To contact the ABC with any thoughts you have to share, please visit the website: [www.abc.net.au/disability/ideas.htm](http://www.abc.net.au/disability/ideas.htm)



# PHYSICAL DISABILITY SPORTS TASMANIA REPORT: 2009-2010

**D**uring the past 12 months the following sports activities have been undertaken by Physical disAbility Sports Tasmania (formerly Wheelchair Sports Tasmania):

ParaQuad Tas. Inc. was successful in obtaining two Grants:

1. Tasmanian Community Fund – purchase of 5 basketball wheelchairs
2. Capacity Building Grants Program – 2 year disability sports development grant for Tasmania

Both of these grants have been of enormous benefit for people with physical disability who wish to participate in sport at recreational and/or state and national level in the future.

The grants have allowed us to be proactive and show that disability should not be a barrier to sports participation. The sports listed below are an indication of what can be achieved when resources become available – we will have 10 additional basketball wheelchairs operational by January and then can begin regional competition.

## WHEELCHAIR BASKETBALL

There is now a regular group of 12 basketball players playing on weekends in Hobart which is proving very successful. Basketball games have been undertaken between Launceston and Hobart players. Coaching and peer support for new athletes is undertaken on a regular basis and the juniors were coached on Thursday evenings during 2009-2010.

APC Youth Games	Melbourne	October 2009
Festival of Sport	Albury	February 2010
Kevin Coombs Cup	Terrigal NSW	April 2010
Morwell Basketball	Morwell Vic	July 2010

Katherine Reed attended tournaments in Shepparton April 2010 & Bendigo October 2010

Josh Christian also attended Bendigo. Josh and Katherine both played in the Men's & Women's National Wheelchair Basketball League with Dandenong Rangers.

## BOCCIA

Continued to have an increase in numbers for Boccia

Received a small grant to purchase Boccia equipment

Set up the Boccia with assistance from Cerebral Palsy Tasmania and it is now being played by six people fortnightly at Moonah Basketball Stadium

Setting up Boccia in Launceston and in North West

Some boccia players from Launceston attended the Boccia Nationals in Canberra May 2010.

## LAWN BOWLS:

Lawn bowls is being played in Hobart by 2-3 members regularly

## PROMOTION

- A marketing plan is being developed for 2011
- Media releases on events and sports people have been well received this year

Looking towards having a regular column in Mercury

## EVENTS UNDER CONSIDERATION:

- Wheelchair Basketball Tournament with interstate teams and developing regional Tasmanian teams competition
- Boccia and basketball competition on the Northwest coast.
- Bi monthly Tennis Day
- Leisure / Recreation Days: fishing, swimming, sailing, board games etc.
- State wide Boccia competition
- Some boccia players from Launceston attended the Boccia Nationals in Canberra May 2010
- Trail orienteering – new sport and certainly will be exciting

All of the events under consideration will be dependent on available resources and seeking more sponsorship.

I would like to thank ParaQuad Tas. Board and Rob, Kerrie and Roger Massie for their support during the past year.

*Kevin Faulkner, Physical disAbility Sports Development Officer*





## BOOK REVIEW

(by Kerrie Chilcott)

**P**araQuad recently purchased a book titled ' Spinal Cord Injury and the Family' , it was written by Michelle J. Alpert, M.D. and Saul Wisnia.

Michelle J. Alpert M.D is Director of Rehabilitation Medicine, Hebrew Rehabilitation Centre and Clinical Instructor in Physical medicine and Rehabilitation, Harvard medical School, USA. She was the founder and first director of the Spinal Cord Injury Program at Spaulding Rehabilitation Hospital.

Saul Wisnia is Senior Publications Editor/Writer at Dana-Farber Cancer Institute and the author of numerous books.

The book is very interesting and although I haven' t read it all I have covered most chapters and found it not only informative but a true insight to spinal cord injury, those affected by it and their families.

Content includes:

1. Introduction to Spinal Cord Injury
2. Early Days: The ER, Rehab, and Beyond
3. Adjusting to SCI: The Return Home
4. Back to Productivity: Work, School and Play
5. Dating after SCI. Out and About
6. Sexual Function after SCI: The Next Challenge
7. Couples and Relationship Issues: Making it Work
8. Fertility and Pregnancy: The possibilities
9. Parenting with SCI:
10. Children and Adolescents with SCI: Mums and Dads on Wheels
11. Medical complications of SCI: Do' s and Dont' s.

book

We only have the one copy, if you are interested in borrowing it or would like excerpts of relevant chapters. Please ring me at the office on 6272 8816.



### Peppermint Bay Cruise: Itinerary

**B**e assured of a relaxing, rejuvenating and rewarding day discovering the real Tasmania on board the luxurious 23 metre catamaran, *Peppermint Bay II*. Leaving from the tourist hub of Sullivan's Cove in Hobart Tasmania, the Peppermint Bay Cruise takes in the harbour, the River Derwent, and the magnificent waters of the d'Entrecasteaux Channel, on its way to Peppermint Bay.

**11.00 AM**

#### Check In

Arrive at Brooke Street Cruise Centre to collect your boarding cards ready for your departure. Your crew for the day will show you to your seats shortly.

Don't forget to bring your camera

**11.30 AM**

#### Departure

Meet your crew and local guide for the day who will help you learn about the waterways in which you will be travelling.

Treat yourself to a creamy cappuccino or homemade biscuit as you voyage South down the River Derwent.

(Continued P. 19)

*12.00 PM*

### **Life Beneath the Waves**

With our state-of-the-art underwater 'Spy Ball' camera, you can see what life is like in the waters of the Tinderbox Marine Reserve without getting wet!

See giant kelp forests, crayfish, stingrays and myriad other fish species!

*12.30 PM*

### **Salmon Farms**

Learn about the life cycle of Tasmanian Atlantic Salmon and see Salmon leap during feeding time.

Keep a watch for Australian Fur Seals looking for an easy treat!

*1.00 PM*



### **Lunch Time**

Arrive at picturesque Peppermint Bay where the chefs have your lunch ready and waiting. Enjoy the freshest local cuisine whilst you cruise the coastline of Northern Bruny Island.

*2.00 PM*

### **Peppermint Bay**

Disembark the vessel and enjoy an hours leisure time exploring Peppermint Bay and the little seaside town of Woodbridge. Enjoy a coffee or premium wine while relaxing on the lawns or follow the sculpture trail along the foreshore.

*3.00 PM*

### **Depart Peppermint Bay**

Depart Peppermint Bay as we venture Northbound again for a return journey to Hobart, following the voyage made by yachtsman every year in the famous Sydney to Hobart yacht race.

*4.00 PM*

### **Tasman Bridge**

Pass under the Tasman Bridge signalling the end of your day on the water.

*4.30 PM*

### **Hobart Arrival**

Arrive back in Hobart ready to continue on with your evenings activities.

### **Peppermint Bay Cruise: Pricing**

*Peppermint Bay II* has been purpose built for the Peppermint Bay Cruise, designed for maximum passenger comfort and visibility. The vessel is warm, luxurious and fast, delivering a unique and comfortable way to explore the real Tasmania. With extensive outer deck space and expansive floor to ceiling glass windows and atrium on the main deck for unsurpassed views:

#### **Atrium Seats**

Theatre style seating at the front of the vessel. Windows and glass atrium offering spectacular views.

**Adults \$98    Children between 4 - 14 \$58**

#### **Window Seats**

Two abreast seats on either port or starboard side of the vessel. Floor to ceiling glass offering spectacular views. Including a gourmet Peppermint Bay lunch box onboard.

**Adults \$118    Children between 4 -14 \$68**

#### **Family Lounges**

Raised lounge area in the middle of the vessel, ideal for families or small groups. Including a gourmet Peppermint Bay lunch onboard.

**Adults \$118    Children between 4 -14 \$68**

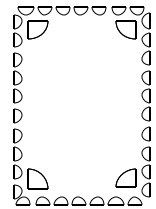
*Editor's note: I highly recommend this Peppermint Bay Cruise. Being a wheelchair user, I found the staff were extremely helpful when it came to dealing with two small steps. Unfortunately I don't think a power chair or a very wide manual chair would be able to board this cruiser—might be worth a phone call and have a chat with one of the staff!*

**Ph: (03) 6267 4088**



If undeliverable return to:

ParaQuad Tasmania Inc.  
P.O. Box 1528  
GLENORCHY TAS 7010



May be opened for Postal Inspection

***T***he deadline for the next edition of this Newsletter is Jan 15, 2011. The Editorial Team welcome your news items and letters to the Editor.

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