



PARAVIEW

Summer-Autumn 2011
ParaQuad Tas. Inc.

Be Inspired!	1
Editorial.	2
Diary Dates	
Chairperson's Report	3
Be Inspired Continued	4
Feature Story	5-6
Overview:: Provision of Equipment & IT	7-8
Physical disAbility Sports	9
Medicines Talk	10-11
Research News	12
Feature Story Continued	13
Harold' s Hints	14-15
What is NDIS?	16
Health & Activity	17
Freedom to Roam	18
Harold the Conqueror	19
Mail details	20

25th Anniversary Campaign



25 years ago Rick Hansen had a dream – to make the world more accessible and inclusive and to find a cure for spinal cord injury. Inspired by a deep-seated belief that anything is possible, Rick' s ‘ big dream’ took shape in the form of the Man In Motion World Tour (MIMWT). For 26 months he and his team wheeled more than 40,000 km through 34 countries, raising awareness of the potential of people with disabilities. The completion of this epic Tour was a testament to willpower, physical prowess and the ability to lead a seemingly impossible campaign. It was the beginning of a life-long and selfless journey to make a positive difference in the lives of others.

Following the Tour, Rick established the Rick Hansen Foundation (RHF) to continue his quest for an accessible and inclusive society and a cure for spinal cord injury (SCI). Under Rick' s leadership the Foundation functions as a social innovator; finding collaborative solutions to challenges in the community and the resources necessary to implement those solutions. Rick has seen tremendous success having leveraged the original \$26 million raised during the Tour to over \$245 million to date.

Extraordinary progress has been made in the last 25 years in the treatment, care and services for people with SCI in Canada.

[Blusson Spinal Cord Centre](#) – an international centre of excellence.

[Rick Hansen Institute](#) – Integrating translational research, clinical care, and community support initiatives across Canada.

[International Collaboration On Repair Discoveries \(ICORD\)](#) – an interdisciplinary research centre for the development of effective strategies to promote functional recovery after spinal cord injury.

[Wheels in Motion \(WIM\)](#) – a fundraising initiative since 2003 that has raised more than 11.8 million dollars for over 1,000 “Quality of Life” projects across Canada.



Editorial

Hi Everyone,

This Paraview we wish to advise you of the importance of cleaning out your out of date medication, information on what is in Panadol and why you need to know the consequences of taking too much of these medications or any other medications.

Another important article is the Review of the Provision of Equipment and Assistive Technology in Tasmania—2010. If you have online access then look it up on the Tasmanian Government website and see how the review could benefit you in the future.

The National Disability Insurance Scheme Report is available for comment and ParaQuad Tas. Inc. welcomes the Report but we need to read the Report and make sure that people who acquire a spinal cord injury will not be disadvantaged in any way in the future. ParaQuad organizations across Australia will be considering the Report in the next few months.

We also thought it time to update you on different types of ‘ apps’ (new technology word) and what to consider when purchasing these. We have also updated our list of websites that may interest you if you are wanting assistance in choosing equipment etc.

One issue that you may find interesting is ‘ Living with Chronic Pain’ which offers some tips on coping with pain and that sometimes continued medication is not the only answer.

The editors constantly search for interesting articles for Paraview and we would like to again ask if any readers have some interesting articles that you would like us to include, or if you would to have us cover some specific issue then please advise Kerrie on 6272 8816 or by email at kchilcott@paraquadtas.org.au.

ParaQuad Tas. Inc.

At present Kerrie, Co-ordinator is organising a meeting date, for April / May, in Launceston so members (new and old) can come together and discuss issues that impact on your life in the North.

This meeting is being held to form a sub-committee of ParaQuad Tas. Inc. and meetings will be held each two months with an Agenda based on issues brought up by Launceston members.

ParaQuad Tas. Inc. recognises that issues may vary from region to region and if they are not brought to the ParaQuad Tas. Board’ s attention we are not always aware of regional issues and therefore not bring them to the attention of Government.

Please contact Kerrie (6273 8816 or email: kchilcott@paraquadtas.org.au to express your interest in this meeting and Kerrie will be able to advise you of the date, time and venue.

Chairperson' s Report

Hi to Paraview Readers,

This year ParaQuad Tas. is working towards setting up sub-committees in the North and North West so that the Board can advocate on issues that impact on people with spinal cord injury and / or related physical disabilities and bring any systemic issues to the attention of the Tasmanian Government. A meeting will be held in Launceston within the next two months to form the first sub-committee and we encourage all people in the North to attend and become an active member for the betterment of all people with physical disabilities in Tasmania. If you are a member you will be advised well in advance where / when the meeting will be held. People who are not members and wish to attend will be welcomed and can become a member on the day.

In this Paraview we have given a very brief overview of the Review of the Provision of Equipment and Assistive Technology in Tasmania which was released in November 2010. If you are a recipient of equipment and / or assistive technology you may find the report interesting reading and it is on the Tasmanian Government website. This review has been very comprehensive and hopefully all recommendations will be implemented this year. No doubt the implementation will take time and if it improves equity of access then we will all benefit in the future. ParaQuad Tas. will be watching the progress closely and will report progress mid year.

The Productivity Report on the National Disability Insurance Scheme has been released this week and there is a brief overview of the Report in this issue of Paraview. The Report has been welcomed by many Paraquad Associations and we will all be looking at the finer detail within the coming months.

The Australian Government has asked the Productivity Commission to undertake a public inquiry into a long-term disability care and support scheme.

Amongst other things, this inquiry will examine:

- how a scheme should be designed and funded to better meet the long-term needs of people with disability, their families and carers
- how to determine the people most in need of support, the services that should be available to them, and service delivery arrangements
- the costs, benefits, feasibility and funding options of alternative schemes
- how the scheme will interact with the health, aged care, informal care, income support and injury insurance systems
- its impacts on the workforce
- how any scheme should be introduced and governed what protections and safeguards should be part of the scheme.

This Scheme will be the biggest change for people with disabilities and when implemented should give us a greater opportunity in determining our lifestyle in the future as we will be entitled to obtain services / equipment, from birth to death, to meet our needs without having to ' beg, steal or borrow ' as so many people are doing at present to survive. What a wonderful program for all of us to look forward to and we must congratulate the many, many dedicated people who have worked so hard in the last few years to actually have this Scheme put on the Federal Government' s Agenda—it has taken so long.

Kerrie will be contacting many of you within the next few months to see if you would like a home visit from one of ParaQuad' s team this year.

Enjoy your reading and if you have any comments or issues please contact ParaQuad Tas.

Regards, Scott Shaw

(Be Inspired continued)

The Journey Continues

2010 marked the beginning of the 25th Anniversary of the MIMWT, The 25th anniversary provides an unprecedented opportunity to engage the world with the story of Rick Hansen. It is a global invitation to join Rick in his journey towards a cure and a more inclusive society as he inspires a new generation to be difference makers – to dream, to take action, to continue to change the world

To commemorate the 25th Anniversary of the Man in Motion World Tour, international and national events and activities will take place starting in December 2010.

- The **International Program** will serve as a global call to action to inspire further progress through securing international partnerships and to recognize outstanding achievements in the areas of finding a cure for spinal cord injuries and creating accessible communities. Events will take place during late fall/winter 2010 through spring 2011, reaching out to Jordan, Israel, Australia, China and the United States – announcing collaborative partnerships and recognizing Difference Makers.

Beginning on August 24, 2011 in Cape Spear, St. John's Newfoundland and Labrador, the 25th Anniversary Relay will retrace the Canadian segment of the original Tour, but this time one man in motion will be represented and celebrated by many in motion; engaging 7,000 participants from across Canada who have made their own difference in the lives of others. With a shared vision of celebrating every day Canadians' contributions to their communities.

- A unique and distinguished awards program – **Difference Makers** – will be launched to recognize individuals whose work has made a significant impact in accessibility and inclusion; researchers who have advanced discoveries related to spinal cord injury; community leaders; and youth or everyday individuals who have put service above self to make an extraordinary difference in the lives of others. In 2012 a **Global Accessibility Initiative** will be launched world-wide. This initiative will provide a comprehensive rating system regarding the level of accessibility of buildings. An assessment tool and guidelines will provide practical online information providing immediate and consistent information to people with disabilities around the world.

Interdependence 2012 Conference and Exhibition (May 15 -18) will be held in Vancouver to discuss innovations, breakthroughs and best practices in spinal cord injury research and accessibility.

A **homecoming celebration** hosted in Vancouver to celebrate the culmination of the 25th anniversary events and activities as well as the on-going accomplishments and achievements in the journey toward a cure and a more inclusive society.

Rick Hansen's achievement lets us believe that extraordinary things can be accomplished by ordinary people, every day. Join Rick's journey towards a cure and a more inclusive society as he strives to make the world a better place.

Courtesy: Rick Hansen Institute

For Sale

Liko ceiling hoist max 200kg \$4,000.

Kinetic folding wheelchair with E-Motion wheel \$4,000 (bargain)

Roho 20cm x20cm \$400.

All in good condition

Call Barb or Don 62657134

Joke of the day!

A man was wheeling himself frantically down the hall of the hospital in his wheelchair, just before his operation.

A nurse stopped him and asked, "What's the matter?"

He said, "I heard the nurse say, 'It's a very simple operation, don't worry, I'm sure it will be all right.'"

Nurse replied: "She was just trying to comfort you, what's so frightening about that?"

"She wasn't talking to me. She was talking to the doctor!"

FEATURE STORY

Almost all people with a spinal cord injury experience some ongoing pain. Whether the pain is of the minor ‘niggly’ type or more severe, pain that continues for more than a few months is considered ‘chronic pain’ and can seriously interfere with everyday life, work and relationships. Dr Philip Siddall from the university of Sydney is an expert in pain management. He says that pain is a major problem for people with a spinal cord injury, with about one-third experiencing pain they describe as ‘severe’.

“This pain can take various forms, including musculoskeletal pain, like aches, and neuropathic pain, which is the pain caused by damage to the nervous system which is harder to explain and difficult to treat,” says Dr Siddall. People with neuropathic pain often report feeling pins and needles, burning or coldness, numbness or itching. Gail Pitt, a physiotherapist who is part of the Spinal Injuries Association’s South Queensland-based Spinal Advisory Team, explains why pain is such a common experience for members. “People who have a spinal cord injury have usually experienced massive trauma which has disrupted their nerves. It’s very likely that this will cause at least some pain,” she explains. Gail says that the people she advises often experience chronic pain through tightened muscles, contractions of joints, or spasms. She says treatment is often via trial and error and may include medication, hot and cold compresses and use of a TENS (Transcutaneous Electrical Nerve Stimulation) machine. “These methods will lessen but not eliminate pain.” Dr Siddall agrees that the treatment of neuropathic pain in particular is ‘far from satisfactory’. “Even the best medication will only provide satisfactory relief in a minority of people,” he says.

“People who do not respond to taking medication orally may be helped through drugs administered via the spinal cord but this requires invasive procedures. “Spinal cord or motor cortex stimulation and ablation techniques such as dorsal root entry zone lesions may also be effective for some people.” Dr Siddall suggests that psychological approaches such as cognitive behavioural treatment programs may help. Gail Pitt says that, in her experience, most people with a spinal cord injury who live with pain come to accept it, to a certain degree, although some can get very depressed. Depression is a common experience for people with chronic pain, due to the difficulty in finding adequate treatment. Feelings of stress and isolation from family, friends and the community may also be felt. Lack of effective pain management is likely to lead to decreased function and, often, worsening pain.

Research, including a new report from the world-renowned Mayo Clinic in the United States, shows that effective pain management requires a comprehensive approach – one that considers the whole body and mind. Pain rehabilitation centres and programs vary widely in scope and focus. They may offer a series of classes that last a few days or a few weeks, or you may attend private appointments with a series of health professionals.

While your GP can refer you to a pain clinic, it can be very difficult to obtain an appointment with one — the Tess Crammond Multidisciplinary Pain Centre, based at the Royal Brisbane Hospital currently has a nine-month waiting list. The Mayo Clinic researchers suggest that, in order to be effective, pain management programs should ensure a patient is treated by an entire team of specialists which may include psychologists, doctors and nurses, physical and occupational therapists and, in many cases, dieticians, social workers and counsellors. This team should consider the person’s individual circumstances, and that of their family’s, when tailoring an individualised treatment plan that will best address the many far-reaching effects of chronic pain.

An individualised treatment plan may include:

Thorough up-front evaluation: A review of physical and psychological conditions, medications, work status and relationships is used to develop a pain management approach.

Medication management: Many patients with chronic pain end up being prescribed opioids which, over the long term, may worsen pain, decrease pain tolerance or cause other side effects. Reducing or eliminating some medications is often beneficial.

Continued Page 6

(Continued from Page 5)

Equipments and aids: It is important your equipment and aids are reviewed to ensure they are meeting your needs and not contributing to your pain. Gail Pitt says that appropriate cushions and backrests may help some people.

While curing chronic pain is not usually possible, a holistic approach to its treatment can make a big difference to quality of life.

Ensure your wheelchair and other equipment is appropriate for your needs.

Physical therapy: Physical deconditioning, including weight gain and loss of strength and stamina, often occurs with chronic pain, making daily activities difficult. This can be a particular concern for people with a spinal cord injury who may already be dealing with these issues. Physical therapists can assist with several approaches to manage pain, including offering alternative seating techniques, different ways to transfer and do other daily tasks, safely improve fitness levels, improve posture and generally move the body more efficiently.

Stress management: Relaxation methods such as meditation might be taught. Psychological care, lifestyle management, group therapy, family counselling, massage, acupuncture or hypnosis may be offered, too. Those who have been through the ‘pain journey’ themselves emphasise that it is important for people receiving treatment to fully engage in the process and take charge of their life. Jenny Falconer is the founder of a support and information group for people with chronic pain in Adelaide and has lived with chronic pain herself for more than 20 years. Jenny says that lifestyle adjustment is key to coping with pain. “Chronic pain is multi-dimensional and there is not one treatment,” says Jenny. “We need to adjust what we do and realise we need to manage our own life.”

Setting up a plan to manage the pain, with appropriate services gives hope – you can see the changes in people, it’s amazing.” Coralie Wales, president of Chronic Pain Australia, says changing the way we think about pain is also important. “We have to get rid of the old myths about ‘working through the pain’ and ‘no pain, no gain’,” says Coralie. “Working through a pain episode can actually lead to the development of chronic pain.” Jenny Falconer also says that acknowledging people’s pain is an important way of removing some of the community stigma still associated with chronic pain. “When my pain was finally recognised and validated, it changed my life,” she said. “Telling people their pain is real, their symptoms are real, is empowering and encourages them to re-engage and take control over their treatment.” Jenny echoes the Mayo Clinic experts when she says that, while a pain rehabilitation plan usually can’t eliminate the pain, care from a team of pain management specialists can help patients change their focus from living with pain to living a more fulfilling life. “The key is early intervention, a positive approach and acknowledgement – saying ‘Yes, it’s real and there’s plenty you can do about it.’”

Long-term chronic pain sufferer Renée Goossens has lived with pain for more than 40 years and offers her 10 tips to others with chronic pain:

1. Keep ahead of pain by taking prescribed medicine regularly, on time.
2. Have one thing at least each week to look forward to, create it yourself if it is not there. Make an outing to a movie or a concert, treat yourself and a dear friend to a candle-lit dinner, listen to the sound of birdsong.
3. Avoid negative people. Surround yourself with people you really like.
4. Do one thing for someone else most days — a phone call, a favour, keep it simple, take a flower from your garden, share something nice to eat.
5. Stay informed about progress with your condition but avoid internet chat rooms unless they are genuinely supportive — ensure what you read is well researched.
6. Concentrate on your favourite things: music, books, videos, pets, candles, sweet perfumes.
7. Tell those whom you love that you love them.

Continued Page 13

Brief Overview of Review of the Provision of Equipment and Assistive Technology in Tasmania

The objective of the program is to provide necessary equipment and assistive technology to enable people with a temporary or on-going disability to live safely and independently in their own homes, and to function to their fullest capacity. The program will not provide items that exceed an individual's assessed needs.

The new statewide program will: be targeted to support those most in need and with the least capacity to pay, while also having consideration for the person's capacity to benefit and the risks of not having equipment; be statewide yet locally accessible with multiple entry points, and outlets at the major hospitals in Southern, Northern and North-Western regions to facilitate timely discharge and access for local residents have three separate streams for: people with short term needs (less than three months); people with long term needs resulting from their disability or health condition, and children and adults who require continence aids.

The target groups for the provision of equipment through the program include:

- children and young people with a developmental delay or disability
- adults with a disability, whether it is lifelong or acquired,
- people who are frail and aged
- people with a chronic illness
- people with a degenerative illness with changing needs
- people with a life limiting illness
- people leaving hospital who require equipment (mostly short term) to facilitate their return to the community.

This program recognises that mostly people require equipment to:

- optimise their ability to participate in a fuller family, school and community life
- increase/maintain their functional independence
- enable and enrich community participation and social inclusion
- maintain and improve their quality of life and live safely in their own homes
- minimise skin integrity risk and/or risk of falls to the client
- address the safety risk to the client or carer.

The new program will improve:

- the provision of information and advice;
- equity and timeliness of access to equipment and assistive devices;
- efficiency in the procurement, maintenance and re-issue of items;
- consistency of prioritisation and allocation of equipment across regions; and administration including inventory control and governance.

The core functions of the new statewide program will be to:

- provide information and advice through a helpdesk function;
- receive and assess applications to determine eligibility and prioritization;
- ensure that prioritisation considers: the impact of an item on safety, quality of life and independence; the urgency of the need and the ability of the person to afford the necessary item;
- approve requests;
- review requests for modifications to items;
- assist to arrange maintenance and repairs;
- manage inventory, budgets, resource allocation and procurement of equipment;
- monitor the performance of the program and be accountable.

Eligibility and prioritisation for the new program

Prioritisation criteria will be developed to ensure that the program resources are directed to those most in need, and will take into account: the impact on the individual's safety, quality of life, independence, capacity for social and economic participation, and ability to afford the item. Urgency of need and waiting times will also be considered.

Prioritisation criteria will differ for the separate program streams (short-term/long-term/continence) with the majority of short-term requirements will be based on the need to minimise risk, particularly for : Cont. Page 8

Equipment types

Low cost items below the value of \$75 will not be available through the program.

A list of standard items of equipment and assistive technology available from the program will be developed and regularly reviewed by a reference group who will advise the program advisory committee about proposed changes and projected budget impacts.

Where complex prescriptions are required, the program will have a process for endorsement of prescribers similar to schemes elsewhere in Australia. Individuals requiring access to continence aids/equipment will be considered a high priority. A waiting list will be maintained and regularly reviewed, and individuals will be told of the expected wait period.

Determination of a person's capacity to pay will be undertaken by the statewide program, not prescribers for people requiring items of equipment on a long-term basis, and the level of contribution from the program will be linked to this capacity on a sliding scale.

Access

Application for assistance through the program will be available at a range of points at which people engage with the service system, e.g. hospitals, Gateway Services, access points for community health services and self-referral.

A new IT system will support the program and allow for the lodgement of applications electronically to streamline applications and reduce waiting times.

Program outlets, operated by staff of the statewide program, will continue to be located at or close to the major hospitals to ensure that individuals primarily requiring items on a short-term basis are able to access those items in a timely manner i.e. to enable safe discharge from hospital.

These local outlets will carry a stock of high volume equipment to facilitate fast dispensing of equipment to facilitate a patient's immediate discharge from hospital.



National Disability Insurance Scheme—Forums

NDS is committed to campaigning for a National Disability Insurance Scheme and an NDIS Campaign Taskforce has been set up in each state. James O'Brien is the coordinator for Victoria and Tasmania and made his first visit last week (see his comments below)

The Productivity Commission releases its Draft Report recently so the next few months will be important in raising community awareness and support before a Final Report goes to the Federal Government for decision mid year. It is important that you use any opportunity within your organization and community to assist understanding of the proposal and how it can provide more sustainable service delivery for people living with a disability.

Obviously there will be ongoing debate about the detail but we anticipate it will be important to build broad support in the community. In Tasmania we have tri partisan State support and a number of local Federal Parliamentarians have indicated their commitment, but we need everyone to raise the profile of the potential benefits of a National Disability Insurance Scheme.

Hobart forum: 5 April, Parliament House
Launceston forum: 6 April, venue to be confirmed)
Devonport forum: Date 8 venue to be confirmed)

Further Details: Contact Margaret Reynolds Margaret.Reynolds@nds.org.au

N.B. ParaQuad Tas. encourages all members and families to attend one of these forum.

Physical disAbility Sports

Get Active– Be Healthy!

Osaka Cup

Congratulations to the Australian Women's Wheelchair Basketball Team, Australian Gliders, who finished 2nd at the 2011 Osaka Cup. The Australian Gliders (70) went down to host nation Japan (72) in the final. For more information visit <http://www.basketball.net.au/Osaka> .

New sports wheelchairs have arrived from China and will be used to set up Basketball in North West.

We now have a state committee which will be meeting each two months to set the priorities for the sports development.

Wheelchair Basketball Team Wins

On Friday the 4th March a slightly smaller team met at the Hobart Airport for the annual trip to Albury- Wodonga Wheelchair Basketball Tournament.

The team finished the comp. undefeated which is great for Tasmania – it is a ' first' but certainly wont be our ' last' . It took a little time for the players to get used to playing against different defences. Sunday games saw team members a little worse for wear - blisters and stretching of sore muscles.

After a starting slowly the team came out fired up for the final and blew the Geelong Try Boys off the court in the first half. Brad and Nathan were scoring freely and Matthew playing his best defensive game for the weekend which lead to the team winning 40-16 easily.

All the hard training leading up to the tournament paid off and I would like to thank all the players for the hard work at training and the awesome effort over the weekend.

Diary Dates

Island Hoops Wheelchair Basketball Tournament— 14-15 May 2011

Moonah Basketball Stadium—Kingborough Sports Centre

Lawn Bowls

One Up One Down Pairs Tournament-

Hobart Indoor Bowls Club

6 Pear St, Derwent Park

Practice weekly Friday 10:00 – 12:00

Boccia

Fortnightly on Saturdays 12:30 – 2:30

Moonah Basketball Stadium

Darts

The first darts day was a great success—22 people in attendance. We have hired the dart frame for 3 months and are at present looking for a venue for regular days.

Sports Ability Family Day– 9th April

The Family Day is for kids and Teens with a disAbility to try sport and recreation activities. Groups involved are: ParaQuad, Cerebral Palsy, St Giles, ACD, Special Olympics and Sport & Recreation Tasmania.

Anyone who is interested just come along and enjoy the activities and the BBQ afterwards.

Venue: Moonah Sports Centre, Gormanston Moonah.

Registration 10.30am

If you are interested any of the above events **Contact Kevin 6272 7513**

Email: kfaulkner@paraquadtas.org.au

Medicines Talk!

1. What Panadol Extra is

The active ingredient is the chemical in the medicine that makes the medicine work.

Many medicines are known by their brand names as well as by the name of the active ingredient. Some medicines are available under several different brand names.

Panadol Extra is a capsule-shaped tablet (caplet) to help relieve pain.

Each caplet contains two active ingredients — **paracetamol** and **caffeine**.

The ‘Extra’ in Panadol Extra refers to the addition of caffeine.

2. What Panadol Extra is for

Panadol Extra is taken to help relieve pain.

It can be used to relieve pain that is short-term, like the pain you might feel after having a tooth removed.

Other types of short-term pain that Panadol Extra can be used to treat include:

- headache and migraine
- cold and flu symptoms (paracetamol also reduces fever)
- muscle aches
- sore throat
- period pain.

Panadol Extra can also be used to treat joint pain caused by arthritis (inflammation of the joints). Arthritis pain can last for a long time and may need regular treatment. You should talk to your doctor about the best way to use paracetamol-containing medicines — like Panadol Extra — to treat your joint pain.

3. Who can take Panadol Extra

Talk with your doctor or pharmacist about all the treatment options for your pain.

Panadol Extra can be taken by adults and children over the age of 12 to relieve pain.

Panadol Extra is a pharmacy medicine. This means that it is available without a prescription, but only from a pharmacy.

You should speak to your pharmacist before buying Panadol Extra if you:

- are pregnant or breastfeeding
- have kidney or liver problems
- are taking other medicines.

If your pain has not improved within a few days, talk to your doctor or pharmacist. You may need to have your condition or your medicines reviewed. Panadol Extra, and other medicines containing paracetamol, should only be used for longer periods of time under your doctor’s supervision.

4. How to take Panadol Extra

You can take two Panadol Extra caplets every four to six hours. But don’t take more than eight caplets in 24 hours.

Medicines that contain paracetamol should be taken according to the information on the packaging or label, not in response to your level of pain.

You can take Panadol Extra with or without food. Swallow the caplets with a glass of water.

5. What does Panadol Extra do?

Panadol Extra provides relief from pain and reduces fever, but it doesn’t reduce inflammation (swelling). It contains two active ingredients. The paracetamol in Panadol Extra is a pain reliever that works on the body’s nervous system. It is thought to reduce the sensation of pain by preventing the production of chemicals called prostaglandins. The caffeine in Panadol Extra is included to supplement the pain relieving effect of paracetamol.

6. Important side effects to consider

Ask your pharmacist about the possible side effects of this medicine before you take it.

Always tell your doctor about any changes to your condition if you are taking a new medicine.

You can also discuss side effects with your pharmacist.

Continued Page 11

(Continued from Page 10)

When you take a combination medicine, you need to consider the side effects of both active ingredients. The paracetamol and caffeine in Panadol Extra can cause side effects, but they are very rare when it's used correctly. Paracetamol can cause a skin rash, and caffeine can make you anxious or restless. This can lead to difficulty sleeping. Paracetamol can cause serious liver damage if you accidentally take too much.

Be aware of possible caffeine side effects

You should avoid consuming too much caffeine when taking Panadol Extra. Caffeine may cause anxiety, or sleeplessness if it is taken before going to bed.

As a guide, one dose of Panadol Extra (2 caplets) contains 130 mg of caffeine – this is equivalent to the caffeine content of two cups of instant coffee.

Talk to your doctor or pharmacist about other pain relief options if you are pregnant. Consuming too much caffeine can slow your baby's growth and increase the risk of an early birth.

Caffeine can pass into breast milk, and then to your baby if you breastfeed. This doesn't appear to cause any long-term problems for your baby, but it may make them jittery or restless if you consume a lot of caffeine each day.

You can find out more about caffeine from [Food Standards Australia New Zealand](#).

7. What else you should know about Panadol Extra

An interaction occurs when something affects how a medicine works. The interaction may be with a food, or another medicine, or a herbal remedy, or food supplement.

Check the label or packaging of all your pain relievers and cold and flu remedies to make sure you are not taking too much paracetamol. Panadol Extra is a new medicine in Australia, so there are some important things you should know before using it.

Paracetamol can interact with other medicines

Some medicines (certain antidepressants, opioid pain relievers and medicines used to relieve cramps and nausea) can affect the rate at which paracetamol is absorbed into your system. This could change the way the paracetamol works. If you take paracetamol regularly, and you also take a blood-thinning medicine called warfarin, your doctor might need to adjust your warfarin dose.

You should tell your doctor or pharmacist about all the medicines you take — including medicines from pharmacies, supermarkets or health food stores — before you take Panadol Extra.

Paracetamol is present in many different medicines

Many pain, cough, cold and flu medicines contain paracetamol. You should check the active ingredients of any medicines you buy without a prescription before taking them at the same time as Panadol Extra.

Ask your pharmacist if you're not sure.

It's important that you don't take more than eight Panadol Extra caplets a day (equivalent to four grams of paracetamol). Accidentally taking too much paracetamol can cause serious liver damage. The risk of liver damage is increased if you have been drinking alcohol.

Medication overuse headache

Taking pain relievers — like paracetamol — too often, or for too long, can cause headaches or make them worse. This is called medication overuse headache.

Pain relievers that contain more than one active ingredient are thought to be more likely to cause medication overuse headache.

Paracetamol

Paracetamol (for example Dymadon, Panadol and Panamax) relieves mild-to-moderate pain and reduces fever. In general, it is a safe medicine when taken at the recommended dose. But taking more than recommended can cause serious liver damage. *(Cont. Paraview June, 2011)*

RESEARCH NEWS FLASHES!!!

New catheter reduces UTIs

Trials in Canada and the United States have shown that a new catheter can reduce urinary tract infections in people with spinal cord injuries by 21% a month. The trial of 105 people

conducted by the University of Alberta showed that people who used the new hydrophilic-coated catheter, SpeediCath, were less likely to get UTIs than those who used uncoated catheters. In the six-month trial, 40% of subjects using the new catheter experienced at least one UTI compared to 65%

of subjects using an uncoated catheter. All trial subjects had recently sustained an acute spinal cord injury. "The results showed that potentially people with a spinal cord injury in acute care could have one or two fewer antibiotic treatments—and this would, in turn, reduce the risk of them developing antibiotic resistance," said investigator Katherine Moore, Professor of Nursing at the University of Alberta in Edmonton.

Infrared light may help spinal cord injuries

A group of Perth researchers has discovered a quick and safe treatment using infrared light that may give hope to thousands of people paralysed or seriously debilitated by spinal cord injuries.

The hand-held device works by emitting red light of a particular wavelength which then acts on proteins in cells of damaged nerves, said University of Western Australia School of Biology Assistant Professor Lindy Fitzgerald. "It improves the actions of the proteins, helping the cells make more energy," she said.

"If the energy-making pathways of cells are working better, the cells don't make as many toxic free radicals and nerve function does not deteriorate as much."

Dr Fitzgerald said free radicals were reactive oxygen and nitrogen molecules which damaged proteins, fats and DNA in cells, leading to the death of cells if they were not controlled. Dr Fitzgerald and fellow professors Sarah Dunlop and Alan Harvey had been awarded funds to continue research in this area.

"If we can show that there are long-term benefits of treatment in animal models and then if we can show good effects in human trials, it would be an easy and safe method to quickly treat people who have suffered neurotrauma such as spinal cord injury where speed is often of the essence," Dr Fitzgerald said. Dr Fitzgerald said the device had already been approved for use by the US Food and Drug Administration and did not cause damage.

New electric wheelchair will sense upcoming terrain

Researchers in the US are using laser technology designed for the military to design an electric wheelchair that can pick up changes in terrain and automatically adjust its manoeuvres.

The researchers at the Florida A&M University-Florida State University College of Engineering are working on technology based on a device known as a laser line striper which has been adapted to classify terrain conditions.

Engineers had previously developed automatic terrain-sensing controls for military robotic vehicles, and several four-wheel-drive automobiles now on the market include such controls for improved safety.

Researchers wondered why they could not integrate this type of system into electric powered wheelchairs to provide more mobility and independence for their operators.

The new technology is designed to enable an electric-powered wheelchair to detect hazardous terrain and implement safe driving strategies while avoiding wheel slip, sinkage or vehicle tipping. Researchers estimate that, providing they attract a strong commercial partner, the technology could be assisting electric wheelchair users in approximately five years.

Swiss stem cell trial first of its kind

A therapy developed at the University of California has been approved by Swiss authorities to be used in the world's first clinical trial using human neural stem cells to treat spinal cord injury. The trial will be conducted at the University of Zurich's University Hospital Balgrist, one of the world's leading medical centres for spinal cord injury and rehabilitation. The trial will focus on people who have incurred a permanent spinal cord injury, where inflammation of the spinal cord has stabilised and recovery has reached a plateau. Subjects will be between three and 12 months post injury and will have varying degrees of injury.

Aileen Anderson, who helped develop the therapy, said eight years of pre-clinical trials with rodents had shown good results with treated mice regaining hind-limb function after being transplanted with the cells in the post injury period. She said approval of the human trial was good news.

"Human neural stem cells may hold great promise for helping people with spinal cord injuries regain lost function," she said.

Other stem cell studies have focused on the acute, or early, phase of spinal cord injury, a period of up to a few weeks after the initial trauma when drug therapies can lead to some functional recovery. The Swiss trial is significant because it will test treatment safety and restoration of mobility during the chronic, or later, phase. There are currently no drug therapies to help restore function during this phase. Work on the trials will begin early in 2011.

Courtesy: Advocate Jan to Feb 2011

Continued from Page 6

8. Smile and be thankful when people help you.

9. Write one positive comment in your diary each day.

10. Change the focus from yourself by involving yourself in the community and give your life a purpose such as having a hobby.

Courtesy: Life Matters, ABC Radio

Learning to cope

Mary* Association member who has lived with chronic pain since her injury in 2004. A former academic lecturer, Mary says her paraplegia and associated pain led to her giving up her job. She now says she has almost learned to live with pain.

“For the first year, I refused to take any medication at all but in the end I realised I had to have some quality of life,” Mary says.

“It was difficult for me as I’ve always believed in natural therapies. Besides the conventional medicine, I take a lot of supplements – zinc, calcium, magnesium, vitamin B6, fish oil – and use turmeric in my cooking, as it helps with the inflammation of the nerves.

“Massage hasn’t helped me, neither has using hot or cold compresses, but meditation is good. It is all about mindfulness, paying attention to the changes.

“Listening to music also helps. Being distracted is key for me.

“I can almost forget about the pain now. I go to performances at QPAC (Queensland Performing Arts Complex) and it’s like I forget about it– at the end of the performance, it’s like ‘ugh, it’s back’ .”

Mary also writes poetry as a way of coping with her pain and is trying to convince medical researchers and physicians to incorporate her poems into teaching future doctors.

“I think reading them would help them empathise with what it’s like to live with this pain.

“I don’t think a lot of the medical profession understand it. Anything that would help them understand it better would be good.”

**Name changed at member’s request*



Crowd Surfing
I Should Have Learned The First Time

Harold' s Hints

Guide to Best Apps for People Living with Paralysis

Apps designed for SmartPhones (Blackberry, Iphone, Android) and iPads can help increase independence and improve the quality of life for people who have limited mobility from paralysis. These apps can be powerful tools for people living with a spinal cord injury or using a wheelchair due to another injury or disease. The Christopher & Dana Reeve Foundation have created the Guide to the Best Apps for People Living with Paralysis to help people find those apps that will most enhance their lives.

The App Guide reviews both apps designed especially for people with disabilities and those that are not. Each App Guide review includes a full description of the app, a photo, the cost, and where to find it. Some apps include video reviews that show people living with paralysis demonstrating the app.

“With the thousands of apps on the market, no one can really find and test them all. The Reeve Foundation’ s Guide to the Best Apps for People Living with Paralysis helps members of our community find those apps the will best increase their independence or otherwise enhance their quality of life,” explains Rob Gerth, Director of Digital Media at the Reeve Foundation.

The Guide to Best Apps for People Living with Paralysis is part of the Reeve Foundation’ s Paralysis Resource Center, which offers a wide variety of information to help people living with paralysis. The Christopher & Dana Reeve Foundation is dedicated to curing spinal cord injury by funding innovative research, and improving the quality of life for people living with paralysis through grants, information, and advocacy.

Find the Guide to the Best Apps for People Living with Paralysis in the Paralysis Resource Center here www.paralysis.org.

Guide to the Best Apps for People Living with Paralysis

The Christopher & Dana Reeve Foundation has compiled a list of apps for SmartPhones (including [iPhone](#) – see *Ability Technology’ s comments re iPhone in this issue of Paraview*, [iPad](#), [Android](#) and [BlackBerry](#)) that benefit people living with paralysis of any kind. The list is constructed from a wide range of apps and includes those that were specifically created for wheelchair users as well as apps that might just improve the quality of life for anyone including people living with paralysis.

Android

The Android was launched on the market with a wide range of assistive technology features to ensure that people living with restrictions can utilize the phone with ease. The text to speech feature makes it easier for those with hearing difficulties to type flawlessly. The improved keyboard layout helps to see the keys more easily to make typing less of a challenge and increases typing speed. Another feature that the Android has is haptic feedback which produces a series of vibrations based on the user's sense of touch.

BlackBerry

The folks at BlackBerry have produced features that are geared towards those living with hearing and vision impairments to cognitive and speech disabilities as well as mobility issues. They have multiple features to ensure those living with paralysis and limited mobility have a higher quality of life through their products.

They have created a feature called predictive text or T9 which enables you to text in an efficient way by proposing and finishing the word you're writing in order to keep typing at a minimum. The phone comes equipped with voice dialing and automatic redial. A non slip surface, shortcut keys, speed dial and one hand operating make it easier to use and hold your phone with one hand. They even have a pressable touch screen that feels like you are actually pushing buttons on its smooth, sleek surface. You can also change the font size and grid layout of your phone to allow more or less icons per page for easier, more clear navigation.

Courtesy: Christopher Reeve website

Assistive Technology--Computers

Technology plays a vital role in the lives of millions of people who are paralyzed. There are numerous assistive technology (AT) products on the market today that enable people with disabilities to achieve greater independence and enhance their quality of life. These products, tools and gadgets help ease people through their daily routines, and assist them in communication, education, work or recreation.

Assistive technology, including the powerful personal computer, can help improve one's physical and mental functioning, strengthen a weakness, and improve a person's capacity to learn, or even replace a missing muscle system. AT can help with using a computer, bathing, dressing, grooming, cooking, cleaning, writing and reading, etc.

Overseas Web Sites

www.scipilot.com/

The Spinal Cord Injury Peer Information Library on Technology (SCI PILOT)

The Spinal Cord Injury Peer Information Library on Technology describes the assistive technology experiences of individuals with quadriplegia from their own perspectives.

Lots of innovation – what works, what doesn't.

www.assistivetech.net/

Assistivetech.net

An online information resource providing up-to-date information on assistive technologies, adaptive environments and community resources.

www.abilityhub.com/

AbilityHub: Assistive Technology Solutions

AbilityHub's purpose is to help you find information on adaptive equipment and alternative methods available for accessing computers. Searching the Internet for accurate information on Assistive Technology is much like "looking for a needle in a haystack". AbilityHub's web site attempts to reduce the size of the haystack and bring you the information in an organized fashion.

<http://www.microsoft.com/enable/>

Microsoft Accessibility: Technology for Everyone

Microsoft is dedicated to developing technology that is useable and accessible to everyone, including those with disabilities. Learn about built-in accessibility features in Microsoft products that you can adjust to meet your needs and preferences.

www.techconnections.org/

Tech Connections

Welcome to your one-stop resource for information on Assistive Technology (AT) designed to accommodate people with disabilities in the workplace and in everyday life activities.

<http://www.rjcooper.com/index.html>

RJ Cooper: Software and Hardware for Persons with Special Needs

Note their power wheelchair simulation software is called **Joystick Trainer**

<http://taalliance.org>

Technical Assistance Alliance for Parents Centers

Email: alliance@taalliance.org

<http://www.onlineconferencingsystems.com/at.htm>

Free Assistive Technology

www.fctd.info

Family Center on Technology and Disability

Academy for Educational Development

Gives away a free resource guide in print and CD on assistive technology.



What is the NDIS?

Australia's current approach to disability services is crisis-driven and welfare-based. An NDIS would change this, providing funding for essential care, support, therapy, aids, equipment, home modifications and access to the community, education

and training. Importantly, the NDIS would support *everyone* with a permanent disability, regardless of how or when their disability is acquired. As an insurance-based scheme, providing cover to Australians as and when they needed it, an NDIS would be funded by all taxpayers through general revenue or an extension of the Medicare insurance levy.

While the Association believes that an NDIS should not remove the right of individuals to pursue compensation in situations where their injury was caused by another's negligence, member and barrister Peter Sacre is concerned that the Government has not made this clear. "Bring on the NDIS but tell us what it means,"

informed debate with all the facts on the table for discussion." **What is happening?**

The introduction of an NDIS would be a huge social and economic reform for Australia. Such large-scale reform prompted the Federal Government to order the Productivity Commission to conduct a feasibility inquiry on the concept of an NDIS. This study commenced in February 2010 and delivered its draft report on 28th February 2011.

What can you do?

It's important to spread the word about the NDIS! Tell your family and friends about the difference it would make and encourage them to express their support for the scheme.

The Minister for Families, Housing, Community Services and Indigenous Affairs Jenny Macklin said the Government understood a major rethink was needed and had tasked the Productivity Commission with undertaking the inquiry into the costs, benefits and feasibility of a national long term care and support scheme for people with disability.

"We know people with disability are often some of the most disadvantaged people in our nation today and we must do more for these Australians," Ms Macklin said.

"I encourage all those with an interest in this area to provide comment on this draft report to the Productivity Commission to help inform the final report.

"We know that major change does not come quickly and easily. There are barriers to change, such as a very complicated system, and a limited workforce."

The Government will carefully consider the Productivity Commission's final report when it is delivered in July.

Parliamentary Secretary for Disabilities and Carers said any major change made to the disability care and support system must be sustainable.

"It must provide better opportunities for people with disability and their carers to fully participate in our community, including in the workplace," Senator McLucas said.

The Assistant Treasurer Bill Shorten said any change must also be financially sustainable.

"Any major change to the system needs to be sustainable and affordable to meet the needs of people with disability right into the future." Mr Shorten said.

All Australians are encouraged to read the draft report and provide feedback on the draft recommendations.

The Commission will then call for responses to the draft report and hold public hearings on its contents in April 2011. The Productivity Commission's final report to Government is due 31 July 2011.

The draft report may be found at [Productivity Commission website](#) and people wanting to contribute to the next stage of consultations can do so by visiting [the Disability Care and Support page](#)

First 5 of 10 Surefire Tips for Increasing Your Self-Esteem

Self-talk is the inner chatter, thoughts that continually goes on in our mind. This inner chatter occurs at the rate of 150 words per minute and has a huge impact on our thinking, our feelings and behaviours. Most self-talk is negative. Negative self-talk is a mixture of half-truths, poor logic and distortions of reality that lower our self-esteem. The following ten tips are designed to increase your self-esteem and confidence by learning how to manage your self-talk.

1. MOTIVATION AND SELF-DETERMINATION

Having the will and desire to feel better about yourself means that you are naturally motivated and inspired to change. Self-determination means that you exercise your free will, freedom of choice and the right to direct your life and decisions. Motivation and self-determination are critical factors in your goal towards increasing your self-esteem.

2. ATTITUDE IS EVERYTHING

Start off choosing to have a positive attitude. You may be thinking that your attitude, whether it is positive, negative or indifferent, is set in stone. However our attitudes, which begin to develop during childhood, can be changed.

3. COMMITMENT IS NECESSARY

All our goals for self-improvement are achieved when we are truly committed to change. Learning empowered self-talk is a process that takes place over time. When you are committed to increasing your self-esteem through empowered self-talk, the tasks that will lead to your success become a priority. Commitment means that the tasks are scheduled into the routine of your daily life just like going to the movies, doing laundry or shopping for food. Commitment to the process leads to success.

4. AWARENESS OF THINKING PATTERNS AND STYLES

Tune in - pay attention to what your self talk is saying. Become aware of the various styles and patterns of your negative self-talk. Examples of negative thinking patterns and styles are:

All or Nothing – "Either I change my negative thinking by next month or I quit trying." Break down your perceptions to see all the aspects such as the positive, the negative and the in-between. Provide yourself with options or choices whenever possible. Example "I want to feel better about myself so I will do my best to persevere and try different ways of doing so."

Shoulds – There are no "shoulds". Shoulds imply rules and standards of behaviour that are unrealistic and can result in guilt. For example, we may think we should have dinner with our extended family every Sunday. There is no law that you are breaking if you don't have a family dinner every Sunday. Replacing "should" with "could" allows for flexibility and the gift of choice - "We could have a family dinner every Sunday, bi-monthly or monthly."

Negative Labels - Using words and phrases such as "my illness" or "I'm sick" lowers self-esteem. The words and language we use becomes our identity and we begin to dislike who we are. Choosing healthy language indicates respect for yourself and others. Replacing a phrase such as "my illness" with healthier language such as "the challenges or issues I face" creates a more positive identity and helps tremendously in increasing self-esteem, confidence and recovery.

Absolute Thinking– Using words like "always", "never" and "everyone" exaggerate reality. For instance "I always think the worst of situations -- I will never be happy or satisfied with my life." Replacing exaggeration words that are more realistic, such as "I often think the worst of situations but I can change that in order to be happy and fulfilled", allows for more flexibility and success.

Expecting the Worst - "What if they don't like me?" and "What if I fail the exam?" Expecting the worst causes unnecessary anxiety and does not encourage confidence. Instead, ask yourself questions that require positive outcomes such as "How can I make a good impression?" and "How can I prepare for the exam?" *Cont. Page 18*

Continued from Page 17

Overgeneralizing - Thinking such as "Steve is a great guy but he doesn't want to date me", leads to the conclusion that "no great guys will ever want to date me." Overgeneralizing can lead to illogical and faulty conclusions. Instead, ask yourself if a single occurrence means that it will happen every time?

Catastrophizing - Every bad thing that happens becomes a huge crisis or disaster. Be realistic when you assess a situation. It is true that bad things do happen and many bad things are often inconveniences and mistakes - not necessarily traumas, tragedies or disasters.

5. FLIP IT OVER

Every negative self-talk statement has an opposite side or the flip side. When you recognize a pessimistic thought imagine a big red stop sign and replace the thought with something more objective, honest and positive. Replace the negative with the positive. Example: "I'm going to fail that exam just like all the other times." When you 'Flip it Over' it might sound like: "I've done the homework and I will pass that exam with flying colours."

Freedom to Roam by Member Kris Apps

With some trepidation I rang Horse Haven Farm Stay - I did not want to stay but I did want the chance to ride again, not in a school or field but in the bush, and I had recently been refused, a note was slipped under my room door, after booking a ride while having a short break in Cradle Mountain National Park - why - I was a wheelchair user, the note said "for health and Safety reasons", the owner had never met me but had been told by the hotel staff that I used a wheelchair.

I chatted to the owner of Horse Haven and two weeks later my husband and I made our way into the Huon Valley and Judbury. A small business with a very friendly lady owner who was prepared to take me out, she had no special equipment, but had selected a strong reliable horse, with crutches and husband for support I stood on a tree trunk (not much different to getting on starting blocks for swimming), a quick hold on the saddle and my arms lifted me up and over and my husband directed my leg across the horses backside, a push and I was sitting up with a big smile on my face. My feet were put in the stirrups after a few adjustments and we were off, initially I was lead, not being used to a bitless bridle then I was free to follow the other horse in the group while we were accompanied by a couple of walkers. Every now and then my left foot was put back in the stirrup but we ambled along tracks, into woodland and down to a disused house next to a stream where we stopped for a hot drink and biscuit, I remained on the horse, before returning. It was a completely different view of nature while being part of it, I or the horse chose the route we took, and there was time to look around - I will be back later this month.

A little about me; I was head of Physical Education in a private school for under 12's on the edge of Dartmoor in the UK, we lived on the moor, about 2k from the village and 1k from the nearest house, a farm. We as a family enjoyed walking, caving, kayaking, windsurfing with scouts and guides, at school I took the school leavers away for an activity week and we usually had a days riding on the moor.

In 1987 a young man who was using our dirt road as a race track and didn't like being told to clear off drove his car at me and took me for a ride on the bonnet before crashing it into a fence - I took flying lessons and the rest is history. He was out of prison before I was out of hospital.

There was a reassessment of my life, as a Phys Ed teacher I had actually trained in teaching children with disabilities - so I knew that life had not ended, just taken a new course, I was lucky to be alive. I began teaching and coaching swimming, people from 2 to 60+, able and disabled. I also started to compete again and became one of the oldest qualifiers for the paralympics games trials in the UK in 2000 & 2004. I learnt to water ski in a sit ski - I had never skied before, I requalified as a Scuba diver and gained my advanced. We travelled the world and I have ridden in Canada, a week on a ranch, in Mexico along the ridge of the Copper Canyon and of course on Dartmoor.

In 2004 we retired to Australia - I am back coaching, as Special Olympics Tas Aquatics coach and am still competing as a swimmer - World Masters Games, Canada & Sydney, Australian Masters Games 2005,07,09 as a disabled swimmer. The FINA World Masters swimming championships, made top 10 in 400free, and medalling in the Australian Masters Nationals for the last 5 years and last years Pan Pacific masters as an able bodied swimmer. In between event I help in school, sing in a choir and generally keep busy -



A BLAST from the PAST!

**Hotel, Yagoona Sydney
In
Grand Final for the Team Hume**

**The BANKSTOWN & DISTRICTS
Registered Clubs Darts Association
WINTER 1983—MINOR PREMIERS DIVISION B**

This story has been resurrected from one of our very esteemed members photo gallery. Harold (mostly known, by members and friends as Bomber. He was obviously a ‘ good sort’ in Sydney and also a Champion of Darts competitions. How little we do know of our members past but we are happy to include this story as Physical disAbility Sports Tasmania has just had their first Darts Day and Harold was a keen competitor and is inviting all members, who require a recreation, to take up Darts (think he is hoping that when there is a ‘ comp’ his skills will come to the fore). Harold may be the ‘ winner who takes all’ !

If you, or a family member, who has a physical disability is interested in ‘ having a go’ at any sports then Kevin Faulkner would be very pleased to hear from you. You do not have to have played before but you may be interested in becoming healthier and sport is one way to begin.

Contact Kevin 6272 7513
Email: kfaulkner@paraquadtas.org.au

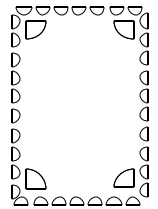
Joke (which the Editors, who are in wheelchairs, really appreciated !)

Three disabled guys (a blind man, an amputee, and a guy in a wheelchair) are flying home, when their plane crashes in the Sahara Desert. The three disabled guys decide they cant wait for help, so they start their way through the desert. They start to get real thirsty, so they decide to seek out water. The amputee leads the way, with the blind man pushing the guy in the wheelchair; and, eventually they find an oasis. The amputee goes into the water first, cools himself down, drinks a load of water, walks out the other side and lo and behold, he has a NEW LEG! He gets excited and encourages his friends to do the same. The blind man offers to push the guy in the wheelchair, but he gets refused because the guy in the chair wants to be Mr Independent and insists the blind man goes ahead first. So he goes into the water, cools himself down, drinks a load of water, walks out the other side and low and behold, he can SEE! Now the guy in the wheelchair’ s getting really excited, starts pushing with all his might, goes into the water, cools himself down, drinks a load of water, and wheels out the other side. Low and behold, NEW TYRES!!!



If undeliverable return to:

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



May be opened for Postal Inspection

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

For further enquiries, contact:

The ParaQuad Association of Tasmania,
PO Box 1528 Glenorchy 7010
Fax 6272 8511 ☎ 6272 8816
email: info@paraquadtas.org.au.