



# PARAVIEW

Winter 2010  
ParaQuad Tas. Inc.

## *Be Inspired!*

### On a Wing and a Chair: David Jacka

**W**hen you are 19 years old, you think you're six foot four and bullet proof. Life draws a line in the sand and dares you to step over it. I stepped over that line. Four days before my 20th birthday I had a motorbike accident and ended up with quadriplegia. Unfortunately there are times when things don't go your way. I broke the fifth vertebra in my neck which left me as a C5/6 complete quadriplegic. I have limited arm function, no finger function, an inability to move anything from my armpits down and I'm unable to regulate my body temperature.

It's been a long road from that first year in rehabilitation. I've had to relearn all the basic skills from feeding myself, dressing and picking things up, to relearning how to drive and build a new career. There have been so many difficult challenges but one of the hardest, and also what I feel is my greatest accomplishment, was persisting for over a year to get myself on and off the bed. My second greatest was getting myself and my wheelchair in and out of the car. For me, winning these battles was life changing—they gave me unknown independence and freedom. But more importantly, it was challenges like these that helped me develop an attitude of looking for a solution to every problem and just giving things a go.

You really never know what you can achieve. This led me to start a new career in engineering, a long way from my previous occupation as a carpenter, and represent Australia at the highest sporting levels. I won a gold medal at the 1991 Oceania Shooting Championships and competed in wheelchair rugby at the 1995 World Wheelchair Rugby Championships in Switzerland and the 1996 Paralympic Games in Atlanta, USA. I was able to get back into snow skiing and have a go at kayaking through the Able Management Group—a not-for-profit organisation that provides access to Victoria's alpine region so that people with disabilities can participate in sport and recreational activities currently beyond their reach.

Following my accident I had toyed with the idea of flying one day but without the dexterity in my hands (let alone working fingers) and insufficient strength in my arms, it seemed like just another dream that had to be put back on that dusty shelf. When I first saw a microlight trike (basically a powered hang glider) at the Avalon Airshow in 2005, it sparked that cloudy memory of wanting to fly.

What attracted me to it was the simplicity of how it worked like a hang glider by shifting your weight—push the base bar (wing) left or right to steer. Altitude is controlled by the speed of the engine—throttle up to go up and throttle down to go down.

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# Editorial

Hi to all readers,

We just finish one Paraview and then have to look for information for the next!! It is very time consuming and the three of us find it interesting when looking for articles as there are so many interesting personal stories that unfold that we would like to include more as they show how people can overcome their disabilities if they have the desire to succeed.

We don't ever think the road is easy but it must be most rewarding to those who take up the challenge in the most diverse way—some extraordinary successes and we are amazed at how innovative people can be when they have the 'drive' to be successful. It makes us look miniscule!

The articles we have placed in this Paraview are as up to date as possible and the Government content reflects issues that are being addressed in 2010.

The editors would like to express our sincere sadness of the death of Doug Free one of our most loved members. Doug was a member who always had positive thoughts and would also always have a joke with us. He was a Board member for years and also kept the membership register in order. He volunteered weekly at the office and gave valuable advice to many people in that time. Harold and Doug worked alongside each other in the office and they would swap jokes, talk about life; the weather; the government; the services; the equipment scheme or anything else that needed their opinion.

All those who knew him will miss him heaps—Doug, the legend will live on forever!!

Louise, Harold & Jenny

## **Membership Renewals are Due Now**

**All membership renewal is due now—1st July 2010 for the coming 12 months. ParaQuad Tas. Board appreciates all members commitment to the organisation and we hope that the services we offer meet your needs in the future.**

**We recognise that although you put away the Renewal Form for 'later' we often actually forget to fill it in and return.**

**We have made it easier this year as we have given you a reply paid envelope so all you have to do is pop your money and Renewal Form in the envelope and return to us as soon as you receive this Paraview.**

**Remember there are benefits to being a member as you can have your say or ask ParaQuad Tas. to advocate on your behalf at government or service level if you are unsure of how to approach any service in Tasmania.**

**Membership still remains at only \$10 per year**

## Chairperson' s Report

Hi Readers,

### *From CAAS to CAPS -. What is the new system?*

From 1 July 2010 the Continence Aids Payment Scheme (CAPS) replaced CAAS. This Australian Government program assists eligible people who have permanent and severe incontinence due to a neurological condition to meet some of the costs of continence products. CAPS provides a direct payment of \$489.95 per year for the purchase of continence products.

Most of you know that ParaQuad Tasmania has a business service which has recently been renamed to Independence Tasmania. This change is to reflect that we are a Tasmanian company offering all Tasmanians, with a disability and / or are aged persons, excellent service of CAPS products - state wide door to door delivery – free for your first order over \$100!! If you choose to order quarterly rather than monthly you will save on delivery costs. Our service has friendly staff available to explain the products and what we can offer you.

By now you should have received an information booklet as well as the CAPS Price List from Independence Tasmania explaining the Tasmanian service and how easy it is to order. If you have not received your CAPS information from us then phone 1300 741 234 or Fax: 6228 9800 & you will be sent your information by mail.

ParaQuad Tas. Board is pleased to be able to offer this service from **Independence Tasmania to Tasmanians** and by buying direct from Independence Tasmania you will be supporting ParaQuad Tas. with our services that we provide now and in the future.

It is with sincere sadness that I advise that Doug Free, who had served on the ParaQuad Tas. Board for many, many years has passed away recently. Doug was well respected by ParaQuad Tas. members and the general community as he was always willing to put his hand up to take on any tasks given him. On behalf of the ParaQuad Board I extend our sympathy to Molly and the family.

Board members have geared themselves up to meet with every politician that handles a portfolio dealing with services for people with disabilities. We believe that we need to put forward a proactive policy on what is required to make services better for people with physical disability in particular. We will meet with both government and opposition members as we believe that this is important so that our message is heard. Some of the issues we will be discussing are: Public Housing access; care when people have to go to hospital; equipment scheme; spinal account; transport issues—the list is long but we are confident that we can convey to the politicians your concerns. I will be reporting in the next Paraview what discussions took place and with whom.

At present we have a couple of grants: one for Sport and Rec. and we hope you will take an interest in sport in your region—a brochure is being developed now and will be forwarded to all members and organizations so that sport / recreation can become a major focus for people with physical disabilities as it is proven that any sport assists us to better health firstly for exercise and secondly for socializing.

Membership Renewal time is here again—yes, it seems only yesterday that we paid the \$10! Please take the time to fill in your renewal and return as we need your ongoing commitment. For those members who contribute or require our peer support from time to time we thank you and respect your interest in the Association.

Scott Shaw

## *Be Inspired!* Continued from page 1

An initial challenge was to find an instructor who had an open mind to my situation and was willing to give me a go at flying. Following a few disappointments, I found one who agreed to give me a go and within a couple of hours it became apparent that with the right modifications I would be able to fly! I purchased a microlight trike and began working out how to modify it as there weren't any off the shelf adaptations I could use, and I couldn't find any record of a quadriplegic ever flying a trike. I had to design and have the adaptations fabricated to suit my disability. After 17 hours of training I flew solo. It was one of the most exhilarating experiences I've ever had. And as far as I know, I'm the only quadriplegic in the world to have modified and obtained my licence to fly one.

Flying is total freedom. Although I have assistance to get aboard, once I'm in the aircraft I can go anywhere! There are moments that challenge me and my skills, but flying also puts me on a level playing field—when I'm up in the air I am no different from anyone else in what I can do.

Ever since the day I flew solo I wanted to fly around Australia. In 2008 I purchased a Jabiru J230 aircraft and developed the adaptations I need to allow me to fly on my own. I chose this plane because it has a high wing providing good wheelchair access, the control column (used to bank the aircraft and angle the nose up and down) is in the centre of the cockpit making access easier, it has large cargo capacity with a rear door that has plenty of room for my wheelchair and gear, it flies relatively fast at around 120 knots, and it has a heater!

The main modifications include converting the control of the throttle to using a sip/puff system via a tube—puff on the tube throttles it up, sipping throttles it down. Control of the rudder is by a lever that I push and pull on and the brake lever has been converted to a toggle switch. Adaptations have also been installed on the control column and rudder lever to hold my hands in place, but which also allow me to remove them easily by sliding my hands out.

Because the aircraft is quite high I also have a scissor lift that lifts my chair up, and with some minor assistance I can get into the aircraft. The lift is also small enough to go into the back of the aircraft. So in May 2011 I will take off and hopefully become the first quadriplegic to fly solo around Australia. A support team will follow in another plane. The trip will take about seven weeks and will include crossing the four furthest points of the continent. I'll be stopping along the way to give talks to schools and community groups, and the public will be able to follow the journey online. My aim is to raise awareness about what people with disabilities can do and the extraordinary achievements they can accomplish.

The more we planned for the trip around Australia the more I realised there are so many people with disabilities out there who can achieve amazing feats and that we could have a far greater impact.

So the name of the journey—On a Wing and a Chair—became the name of our new not-for-profit organisation. Although this trip will be the first project On a Wing and a Chair undertakes, our aim is to continue to support people with disabilities to achieve the extraordinary and then share these events with the Australian public. I hope we will also inspire people, those with disabilities and able bodies, to get the most out of life and realise their dreams.

*Editor's note: If you would like to know more about **On a Wing and a Chair**, Dave's journey around Australia, or can assist with sponsorship please email him on -*

[david\\_jacka@hotmail.com](mailto:david_jacka@hotmail.com).

*Courtesy: accord – Winter 2010*

## Recent Articles on Spinal Cord Injury Research from World Congress held in Cairns.

**A** POTENTIAL treatment for spinal cord injuries has been found in the most unlikely of places - mice hair.

The ground-breaking discovery, unveiled at the World Congress for Hair Research in Cairns yesterday, may give a glimmer of hope to those who cannot walk.

US and Japanese researchers have found a new source of stem cells in the hair follicles of mice.

The stem cells, discovered by chance by scientists from research lab Anticancer, based in San Diego, have been found to repair nerve and spinal cord injury in mice, allowing them to walk again. Similar cells obtained from human hair also had the same effect on mice, potentially demonstrating the same treatment could be applied to humans suffering spinal cord injuries.

Researchers stumbled on the discovery while examining the skin of mice, attempting to trace cancer cells.

Anticancer president Robert Hoffman, who is also a professor at the University of California's medical centre, said when the cells were placed into the severed nerve of a mouse, it was found to eventually rejoin and regain its function.

In a remarkable video shown at the conference, a mouse with its spinal cord severed was filmed running about after it had been treated with the hair follicle based stem cells. Deletion of key gene could help nerve fibers regenerate, researchers say

**New hope for brain, spinal cord injury:**

Deleting a gene that suppresses natural growth factors enables regeneration of injured nerve fibers (axons) in mice, a new study shows.

The finding may lead to new treatments for people with brain and spinal cord injuries.

Researchers at Children's Hospital Boston deleted the gene SOCS3 -- an inhibitor of a growth pathway called mTOR -- in the retinal ganglion cells of mice. These cells are in the optic nerve, which carries signals from the eyes to the brain.

Removal of SOCS3 resulted in vigorous growth of injured axons. The greatest improvement was seen after one week, when the researchers also detected signs that the mTOR pathway was re-activated. Axon growth increased even more when the researchers applied a growth factor called ciliary neurotrophic factor (CNTF) directly to the eye of mice in which SOCS3 had been deleted. But CNTF only modestly boosted axon growth in mice that still had SOCS3.

"CNTF and other cytokines [cellular signaling molecules] have been tested for promoting axon regeneration previously, but with no success," study leader Zhigang He, of the F.M. Kirby Neurobiology Center at Children's Hospital Boston, said in a university news release. "Now we know that this is due to the tight negative control of SOCS3. Inhibiting SOCS3, using small molecule compounds or RNA interference, might allow these cytokine growth factors to be functional."



**D**isability Ministers have endorsed the eligibility criteria, concession provisions, and proposed timeline for the roll out of the Australian Disability Parking Scheme.

The Scheme has now been referred to the Australian Transport Council for its endorsement. The Scheme will unify the almost 100 individual schemes that exist across Australia, and deliver a national permit, eligibility criteria and minimum concessions – making it easier for people with disability to use the system.

This new national Scheme will operate more efficiently and give greater independence and dignity to many Australians with limited mobility who rely on existing disability parking schemes.

At the Community and Disability Services Ministers' Conference in Adelaide, Ministers committed to rolling out the new Australian Disability Parking Permit by the end of 2010.

They agreed to minimum standards to disability parking concessions, but the Scheme will allow states and territories to retain their own concessions if they are more generous than the minimum.

The Scheme will introduce a new national disability parking permit design, the Australian Disability Parking Permit, which will replace the different permits issued across Australia. This will ease confusion for parking enforcement officers and will help permit holders travelling interstate.

Existing permit-holders will not need to be re-tested or to reapply to receive the new permit, but will receive it automatically by the end of 2010.

Disability Ministers also agreed to national eligibility criteria for the permit.

Application forms for the new permit will include a nationally consistent set of questions, but states and territories will make their own determinations about which applicants receive permits.

States and territories will be able to include their own diagnostic information to ensure specific medical conditions, such as blindness, continue to be recognised.

Once the Scheme was approved by the Australian Transport Council, it will be incorporated in the Australian Road Rules and then each state and territory will amend their local laws and regulations, as necessary, to reflect the new arrangements.

The Australian Government has consulted widely with permit holders, medical associations, peak organisations and state, territory and local governments on the Australian Disability Parking Scheme to ensure we meet the community's need.

#### Scenario:

##### **Robbie won't be still in class, disrupts other students.**

**1957 - Robbie** sent to office and given 6 of the best by the Principal.

Returns to class, sits still and does not disrupt class again.

**2009 - Robbie** given huge doses of Ritalin. Becomes a zombie.

Tested for ADD. Robbie's parents get fortnightly disability payments and School gets extra funding from state because Robbie has a disability.

#### Scenario :

##### **Billy breaks a window in his neighbor's car and his Dad gives him a whipping with his belt.**

**1957 - Billy** is more careful next time, grows up normal, goes to Uni, and becomes a successful businessman.

**2009 - Billy's** dad is arrested for child abuse. Billy removed to foster care and joins a gang.

State psychologist tells Billy's sister that she remembers being abused herself and their dad goes to prison.

#### Scenario :

##### **Mark gets a headache and takes some aspirin to school.**

**1957 - Mark** gets glass of water from Principal to take aspirin with.

**2009 - Police** called, Mark expelled from school for drug violations.

Car searched for drugs and weapons.

## Launch of Children With Disability Australia

The Coalition's spokesman on Disabilities, Senator Mitch Fifield has applauded the launch of Children with Disability Australia, the new national peak body representing children and young people with disabilities.

Attending today's launch in Melbourne, Senator Fifield said the peak body will be an advocate for better services, helping inform governments and the community of the needs of children with disabilities and their families.

"Children with Disability Australia will help achieve better outcomes for children with disabilities and their families by raising awareness of the challenges they face and advocating their rights," Senator Fifield said.

"It will promote and advance their rights and highlight where services can be improved.

"Families will also be able to learn of entitlements and services available to them through Children with Disability Australia.

"By being there to inform families of what's available and where, and to ensure that their needs are being voiced to governments and the community, the peak body will be welcomed by children with disabilities and their families who face many challenges on a daily basis."

For more information on Children with Disability Australia, visit [www.CDA.org.au](http://www.CDA.org.au)

**Source: Media contact: David Colmer (02) 6277 3666 / 0412 550 946/ [david.colmer@aph.gov.au](mailto:david.colmer@aph.gov.au)**

## National Disability Abuse and Neglect Hotline

The Parliamentary Secretary for Disabilities and Children's Services, the Hon. Bill Shorten, launched the National Disability Abuse and Neglect Hotline's new brochure, aimed at raising awareness of abuse and neglect, and the Hotline's services to Aboriginal and Torres Strait Island people.

Despite very high rates of disability amongst the Aboriginal and Torres Strait Islander population, very few people from an Aboriginal and Torres Strait Islander background have ever contacted the hotline.

The hotline can be contacted from 8am to 8pm (nationally) every day of the year on **1800 880 052**.

**Source: The Disability Trust, [info@disabilitytrust.org.au](mailto:info@disabilitytrust.org.au) May Newsletter**

## Human Rights Upholds Right of People with Hearing Impairments to Access Cinemas

Parliamentary Secretary for Disabilities Bill Shorten has welcomed a decision by the Australian Human Rights Commission to deny a request from major cinemas chains for an exemption from the Disability Discrimination Act with regard to their provision of services for patrons with a hearing or vision impairment.

Hoyts Corporation, Greater Union Organisation, Village Cinemas and Reading Cinemas had requested the 30-month exemption from the AHRC last year. The exemption would have allowed the cinema chains exemption from complaints in relation to the provision of captions and audio description in cinemas while they embarked on a limited expansion of services.

"People with a hearing or vision impairment have the same right to enjoy a trip to the movies as the rest of the population," Mr Shorten said. "I am acutely aware of the difficulties faced by people with a hearing or vision impairment in getting access to a cinema. They often have to travel for long distances or are restricted to certain sessions at a cinema."

"Requiring patrons with a hearing impairment to attend a Wednesday matinee during work hours should not be considered meaningful access." Mr Shorten said that less than 0.3% of all cinema sessions in Australia were accessible to people who were deaf, hard of hearing or who have vision impairments.

"The cinema industry has made some progress in providing better services for both hearing and vision-impaired customers in recent years, but it needs to recognise that it has a responsibility to cater for the entire community."

**Source: Disability Council of NSW - May 2010 Bulletin**

# Disability Gateway Services

**D**isability Services is changing to make the system work better for people with a disability and their families.

After 1 July 2010 if you want to talk to someone about disability services you will need to contact the new Disability Gateway Service.

The new Disability Gateway Service will provide information, support and referral to other services for people with a disability and their families. The Disability Gateway Service will do a Screening Assessment or a Targeted Assessment to help people with a disability and their families choose and access services that will best meet their needs.

Baptcare and Mission Australia will provide Local Area Coordination in the new Disability Gateway Service. Local Area Coordination will replace Service Coordination. Disability Services' Service Coordination will not be available after 1 July 2010. The Gateway Services are run by Baptcare in the North and South West areas and by Mission Australia in the North West and South East areas.

If you want to talk to someone about services, or need any information you can phone your local Gateway Service on 1800 171 233 or visit their office at Ground Floor, 175 Collins Street, Hobart after 1 July 2010.

If you have contact with a Service Coordinator the Disability Services will work with you and to transition you to the new Gateway Service. Disability Services will need your consent before transferring any information about you to the Disability Gateway Service.

If you are on a wait list with Disability Services for a service such as day support, an Individual Support Package or accommodation, these wait lists will be transferred to the Disability Gateway Service from 1 July 2010.

## Community and Disability Services Ministers' Conference Report

### More consistent access to aids and equipment

Ministers agreed to keep working to give people with disability more consistent access to the aids and equipment they need live independently, participate in the community and reach their potential.

Ministers agreed to establish, by December 2010, a nationally consistent list of core equipment that all people with similar disabilities should be able to access, no matter where they live. All jurisdictions will also strengthen their portability protocols to allow people who move across state borders to retain their access to core equipment they need for their disability.

### Early intervention and prevention revised framework

Ministers endorsed a National Framework and work plan for Early Intervention and Prevention. This enables each jurisdiction to examine their systems and identify gaps to improve the effectiveness of their early intervention programs. This will lead to better outcomes for people with disability, their families and carers, particularly in the early years and at key transition points, such as the transition from early childhood settings to school, from primary school to secondary school and adolescence, and from school to post school settings and adulthood.

### National Disability Strategy

Ministers noted the draft National Disability Strategy (NDS). The final NDS will be forwarded to the Council of Australian Governments for endorsement at their next meeting.

The NDS will set out a ten year national plan for improving life outcomes for Australians with disabilities, their families and carers. It will aim to increase participation of people with disability in society, and to reduce prejudice. The NDS will be built around six policy areas: health and wellbeing; personal and community support; economic security; learning and skills; rights, protection, justice and legislation; and inclusive and accessible communities

# Fire Safety For Wheelchair Users At Home

Article courtesy United Spinal Association. U.S.A



## Home Evacuation for Mobility Impaired Persons

United Spinal Association has some important tips to handle situations before and during a fire, and to address fire prevention within private homes.

It is important to recognize that all people living with mobility impairments do not have the same type of home. Therefore, the following tips should be used only as a model to be modified and adjusted to fit each individual's private residence.

## What to do Before a Fire Occurs

Identify and determine the nearest emergency exit or exits within your home. It is important to always know the safest and quickest exit from any location you are in and it should always be based on your physical capabilities. If it is at all possible, try to live, or have your sleeping area, close to an accessible exit. Then, in the event of an emergency, you will have the quickest escape route. You might require some accommodations to facilitate an emergency exit such as a ramp or removal of barriers. Make the adjustments necessary to ensure a safe escape route. In addition, be sure that you can also open all locks on windows and doors throughout your house.

Install heat or smoke detectors throughout your home. Key locations for smoke alarms are: the kitchen, storage areas, accessible attics, sleeping areas, and hallways.

Heat and smoke detectors can reduce the chance of dying in a home fire by approximately 60%. This device is important to have in your home. It is also important to make sure that your smoke alarms are functioning properly. Make sure that smoke alarms are kept cleaned and vacuumed regularly to remove dust particles. In addition to this, you should test the batteries monthly and replace batteries twice a year to ensure they are working properly. If your smoke alarms are connected to the electric circuits of your residence, you should have battery backups in case of an electrical failure. If you are unable to perform these tasks yourself, ask your friends, family members or someone from the fire department to help you out.

Learn how to use a fire extinguisher. For those who use wheelchairs, you might want to consider mounting a small personal extinguisher in an accessible place. This will be beneficial if you cannot 'stop, drop, and roll; if your clothing catches on fire.

## What to Do in Case a Fire Occurs

Always test doors before opening them. To do this safely, use the back of your hand and reach up high and touch the door the doorknob, and the space between the door and the frame. If the door feels hot, keep it closed and use a second exit if available. If the door feels cool, open the door slowly and exit, staying as low to the ground as possible. If it is impossible for you to stay low to the ground, cover your mouth and nose and safely exit the room as quickly as possible. Covering your mouth and nose protects you from breathing in dangerous fumes

Exit your home as quickly as possible. Leave all personal possessions and belongings inside. These items are not worth your life. Do not use any elevators and *do not go back inside after exiting your home*. Get help from your neighbours and contact the fire department if they have not already been called to the fire.

If you get trapped in your room close all doors between you and the fire. Fill cracks in all open spaces so no smoke enters the room. If possible, contact the fire department and inform them what room you are in. It is also a good idea to use a light coloured cloth and wave it out the window to signal the fire department when they arrive at your location.

If you own a cell phone, keep it with you at all times. Keeping it next to your bed and night, or even in the bathroom while you are taking a shower gives you a constant means of communication, even if you are trapped in a room and unable to reach a house phone.

## **Tips on Fire Prevention**

### **When Cooking:**

Never leave a stove unattended. If you need to leave, even for a minute, make sure you turn the stove off.

Always wear tight fitting clothing when cooking over an open flame.

If food or grease catches fire, put lid on the pan to smother the flames.

*Never use water to put out a grease fire!*

Turn pot handles away from the front of the stove so they cannot be knocked over or pulled down.

### **When Using Electrical Appliances/Machines:**

Unplug any appliance that begins to smell funny or produce smoke. Never use any appliance that has any exposed wires.

Always replace frayed and damaged electrical cords.

Never overload extension cords with too many wires.

Keep all extension cords out of high traffic areas.

Electrical blankets should have protection from overheating. Do not over wash electrical blankets because it may cause damage to the electrical circuitry.

### **When Smoking:**



Never smoke in bed.

Make sure that you never leave smoking materials (i.e. a lit cigarette) unattended.

Always be alert when smoking cigarettes. Avoid smoking while under the influence of alcohol or prescription drugs that may make you drowsy.

Soak ashes in water before disposing them in the garbage can.

### **When Using Heaters or Heating Systems Within Your Home:**

Make sure there is adequate room surround the space heaters.

Position heaters at least 3 feet away from flammable material.

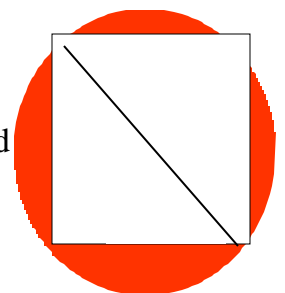
Physically, keep a safe distance between yourself and a space heater.

Have heating systems and chimneys checked and cleaned once a year.

Do not leave flammable materials such as fuel within your home. It is a good

Idea to keep materials such as these outside or in a garage area.

Always have fireplaces covered with the appropriate protective products.



## Pressure sores treatment

Clinical studies are beginning to show that development of pressure sores in hospitalized patients can often be reduced or even prevented by the addition of nutritional supplements to the patient's diet. This new treatment along with innovative technology such as that found in the latest mattress overlay can hopefully make bedsores a thing of the past. This is welcome news for patients and caretakers alike who deal with the threat of this condition every day.

A study out of Israel observed the results of supplementing bedridden patients with certain fatty acids as well vitamins A, C, and E. The patients were already hospitalized for serious lung injury and were beginning to develop pressure sores. For the purposes of the study, 100 patients were chosen to receive either the standard hospital diet or the standard hospital diet supplemented with fatty acids and the vitamins. At the end of the study, which lasted seven days, the number of ulcers increased to 24 in the group of patients who were receiving the regular diet but only 15 new pressure sores appeared in the group that had had supplements added to their diet.

Vitamin C has long been recognized for its healing effects on the skin, especially as it helps to heal broken capillaries and reduce bruising. Vitamin E has also been touted for having many benefits related to skin health such as prevention of dry skin and slowing of the aging process. Direct application of Vitamin E is also believed by many to greatly reduce the appearance of scar tissue and stretch marks. Vitamin A is used in various forms to alleviate acne symptoms and outbreaks and is also used in many skin creams. With these benefits for skin health already acknowledged in other areas, it only makes sense that the addition of them to a regular diet would help in reducing the occurrence of a skin condition such as pressure sores.

Researchers believe that the reason for the improvement lies in the way that the fatty acids interrupt the inflammatory response that the body naturally sets in motion in response to serious injury. They also concluded from their observations, that data was not significant enough on its own to prove the thesis, but only suggested that it had definite possibilities, and should be analyzed further.

At the present time, there are no official clinical guidelines for administering nutritional supplements as a direct treatment for the prevention of bedsores. Organizations that monitor medical treatment practice will revisit studies such as this one to keep current with any and all ways to improve the quality of treatment for this condition.

Obviously anytime a diet is improved with proper supplements and vitamins, it can only be helpful to a patient's overall health, and this is basically what can be taken away from studies such as these. Other dietary recommendations that professionals agree should be followed in the treatment of pressure sores include drinking plenty of water and including plenty of anti-oxidant rich fruits and vegetables.

If you liked this article, tell all your friends about it. They'll thank you for it. If you have a blog or website, you can link to it or even post it to your own site (don't forget to mention our Pressure Mattress website as the original source).

*Courtesy:* Rachel Clarkson

Rachel Clarkson is a bed sores specialist and a big fan and promoter of "The Volkner Turning Mattress": <http://www.Volkner.com>

### ADVERTISEMENT ~ ROHO CUSHIONS ~



These cushions are new or near new, there is nothing over \$450.00. This is at least a couple of hundred dollars under RRP prices.

Contact: Dale Bourne

Ph: 6443 4217

Email: [bnerockcape@bigpond.com](mailto:bnerockcape@bigpond.com)

## Time to think about vaccinations again?

Vaccinations protect us from infectious diseases, such as polio and whooping cough that once caused illness, disability and even death. They also protect the community as a whole by reducing the number of people who develop the diseases and pass them on to others.

This article briefly discusses some of the vaccinations that can be beneficial for older people. It does not cover vaccines needed when travelling overseas.

### Swine flu

Although for most people swine flu is a mild disease, it can be serious and even life-threatening for some. People with certain chronic illnesses, young people and pregnant women seem to be more vulnerable. Because of its potential danger, the Government recommends that everyone be vaccinated against swine flu to prevent vulnerable people getting it, and to reduce its spread in the community. The vaccine is available free of charge to all.

### Flu

Older people and people with chronic illnesses are more likely to become seriously ill if they get the flu, because their immune systems are weaker. It is recommended that the following people be vaccinated against the flu every year:

people aged 65 and over

people with chronic illnesses, such as heart, lung and kidney conditions and diabetes

smokers.

Annual jabs are needed because the flu virus is constantly changing. Each year, new vaccines are developed to protect people against the form of the virus expected to be most common in the community that year. To be protected, you must have had the latest vaccine.

The flu vaccine is free for people aged 65 and over, and Aboriginal and Torres Strait Islander peoples aged 50 and over.

### Pneumococcal disease

Pneumococcal disease is an infection that can cause pneumonia and other problems in older people, people with weak immune systems, and people who smoke or have a lung condition.

The pneumococcal vaccine is recommended and available free of charge for people aged 65 and over, Aboriginal and Torres Strait Islander peoples aged 50 and over, and other people who are more likely to develop the infection because they have a chronic illness.



### Whooping cough

Adults lose their immunity to whooping cough — also known as pertussis — over time. As a result, people who had whooping cough or were vaccinated as children can get it as adults and pass it on to babies who have not yet been fully immunised. Over half the infants who develop whooping cough pick it up from family members.

People aged 50 or over — particularly those in contact with young children — should consider having a booster pertussis vaccination, so they don't get whooping cough or pass it on to young children. The vaccination is usually combined with a vaccination against tetanus and diphtheria.

### Tetanus and diphtheria

People aged 50 and over who have not had a booster vaccination against diphtheria and tetanus in the last 10 years should have one.

Also, adults who have not had a tetanus booster in the last five years should have one if they get a 'dirty' cut or a wound, such as a gardening wound or a nail puncture, that could become infected with tetanus.

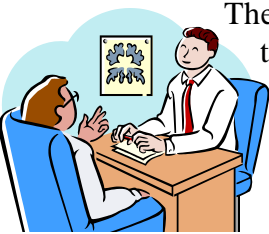
### Shingles

Shingles can be a very unpleasant condition with long-lasting after effects. People over 50 who have had chickenpox may want to consider being vaccinated against shingles.

### Other

Some older people may be advised to have other vaccinations, particularly if they missed some of their childhood vaccinations or their medical conditions or activities increase their chances of contracting certain infections.

### Talk to your doctor



The recommendations given here are general recommendations only. The vaccinations that might be beneficial for you will depend on your age, health and lifestyle. Talk to your doctor about which vaccinations might be appropriate for you.

*MedicinesTalk*

I smile to think of what they used  
To help us kids survive,  
But I am "going on" 69  
And very much alive.  
My sorest throats were eased, and I  
Still hold no bit of rancor  
To think of sucking sugar lumps  
With a drop or two of camphor.

And camphor mixed with goose grease for  
A winter chest congestion;  
Baking soda cleaned my teeth  
And helped my indigestion.  
Because of Mother's tender heart  
I hereby sing a Gloria!  
She never gave me castor oil,  
Just syrupy Castoria.

Salt for all mosquito bites,  
Cobwebs on the scratches,  
The sickroom fumigated with  
Our sulphur kitchen matches.  
Somehow there's quite a bunch of us  
That never had a shot,  
But here we are still kicking  
And enjoying it a lot.

### LIBRARY QUOTATIONS

I must say I find television very educational.  
The minute somebody turns it on I go to the  
library and read a good book.

GROUCHO MARKS

I had plenty of pimples as a kid. One day I feel  
asleep in the library. When I woke up, a blind  
man was reading my face.

ROGER DANGERFIELD

Perhaps no place in any community is so totally  
democratic as the town library.

The only entrance requirement is interest.

LADY BIRD JOHNSON

A good book is the best of friends.

ENGLISH PROVERB

The man who does not read good books has no  
advantage over the man who can't read them.

MARK TWAIN

The reading of all good books is like  
conversation with the finest of men of past  
centuries.

ANON

## Harold' s Hints

### Wireless Internet

#### What Is It?

SUMMARY: What is wireless Internet, or wi-fi, and how can you access the Internet without connecting to a physical network?

Wireless Internet refers to the process, or products supporting the process, of communicating from a remote device, such as a Palm, Windows CE device, or a laptop, to a central receiver via radio waves (usually on the 2.4 GHz bands), that is connected to the Internet. Wireless Internet is sometimes referred to as Wireless Fidelity (Wi-Fi), especially in the case of the name "wi-fi hotspot", a location where one can access the Internet wirelessly.

To access the Internet via wi-fi, your device must be wi-fi enabled, either by a built-in connection or an add-on card such as a wi-fi PCMCIA adapter. Usually it must run with the 802.11b protocol, operating at 11 Megabits Per Second (Mbps), or 802.11g, operating at 54 Mbps. Most devices supporting 802.11g are backwards compatible, so that if you bring a 802.11g device to a 802.11b-enabled wi-fi hotspot, your device should step down to the 802.11b protocol.

Once you have the correct device, the correct adapters (if applicable) and correct software drivers (if applicable), you need to find a place that is wi-fi enabled. If you have an Internet connection at home via DSL or Cable, you can purchase a wireless router so that you can connect to the Internet from virtually anywhere in your house. Venturing outside the home, you must either find a wi-fi hotspot to which you can connect, or reside in an area supported by a wireless ISP (WISP).

*Courtesy of malektips.com*

### **New Website to Support Jobs for People with Disabilities**

The new Australian Disability Enterprises website will help boost employment opportunities by linking disability enterprises with businesses wanting to purchase their products or services.

Australian Disability Enterprises are commercial businesses (funded through the Federal Government— Department of Families, Housing, Community Services & Indigenous Affairs) that provide employment for people with disability. They operate across a wide range of industries, from design, printing and packaging to manufacturing, laundry and landscaping, delivering training, skills development and employment support to workers with disability.

Visit the website at:

[www.australiandisabilityenterprises.com.au](http://www.australiandisabilityenterprises.com.au) for more information.

*Courtesy: Warringah Disability Newsletter*

# The Most Inspirational Disability Stories of Success

By Michael R Browne

**M**any people who have a disability don't let it prevent them from leading full and rich lives, indeed some are an inspiration to both disabled and non-disabled people alike. Below is a list of disabled people who have achieved outstanding success despite their disability.

1. **Stephen Hawking** is probably one of the world's best known high achievers with a disability. He is an internationally renowned physicist/mathematician who suffers from Motor Neuron Disease. At 35 he was Cambridge's first Gravitational Physics Professor and received the Lucasian Professor of Mathematics Award. He has written a bestselling book which was later made into a film called A Brief History of Time: From the big Bang to Black Holes.
2. **Franklin Delano Roosevelt** became the 32<sup>nd</sup> President of the United States. He contracted Polio in 1921 which left him paralysed from the waist down. Refusing to accept his paralysis he tried different therapies and methods to try and walk and did master walking short distances using iron braces and a cane. He was careful not to be seen in a wheelchair in public. He established a foundation to help others with Polio and directed the march of Dimes program which eventually funded an effective vaccine.
3. Another successful politician, **Pat Stack** is a left wing revolutionary and part of the Socialist Workers Party Committee. A child born from a Thalidomide pregnancy he uses a wheelchair. A great political mind and brilliant orator he holds meetings every year at Marxism in London and wrote 'Stack on the Back' for the Socialist Review in 2004.
4. **David Blunkett** was an MP, Education Secretary, Home Secretary and Secretary of State for Work and Pensions at various times. He has been blind since birth and has never let this fact hold him back in any aspect of his life.
5. **Tanni Grey Thompson OBE** is probably the best known disabled athlete, representing Britain in distances from 100m to 800m. she has won 14 Paralympic medals including 9 gold's and she has broken over 20 records. She has also won 5 London marathons as a wheelchair athlete and has become a TV presenter.
6. **Maria Runyan** is a legally blind marathon runner and has set several track and field records at the Paralympics in Atlanta, 1996. She has represented the US at the 2000 Olympics and became the first legally blind athlete to compete in an Olympics.
7. **Itzhak Perlman** is an Israeli-American violinist, conductor and teacher. He is a renowned musician who contracted Polio at age four and today uses crutches or a wheelchair and plays the violin while seated. In 1986 he received the Medal of Liberty from President Reagan. He is also an advocate for people with disabilities and promotes laws to allow easier access to building and transport.
8. **Francisco Goya** (1746-1828) was a Spanish painter who suffered an illness which left him deaf at 46. He went on to create some of the best known Spanish art of the 19<sup>th</sup> century. He provided inspiration for the work of later artists including Picasso and Monet.
9. **Helen Keller** was an American author, political activist and lecturer who was blind, deaf and mute. She was the first deaf and blind person to be awarded a Bachelor of Arts degree.
10. **Albert Einstein**, the famous mathematician and physicist, had a learning disability and did not speak until he was three years old. He found maths and writing difficult at school but went on to become one of the best known scientists of all time winning the Nobel Prize for Physics in 1921.

## What People do with Assistive Technology

**W**e 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.

The items shown below are just a sample of the assistive technology solutions available to increase the productivity and independence of people with a disability. An important part of our work is to research and test new device



Ability does supply products as well, but this is limited to our own clients (past and present) and to disability organisations, by special arrangement.

Please contact us for details on website [www.abilitycorp.com.au](http://www.abilitycorp.com.au)

## Promoting livable housing design in Australia

Leaders of the housing industry, disability sector and community have today agreed to an aspirational target that all new homes will be built to disability-friendly Livable Housing Design standards by 2020. Today's announcement is the outcome of the National Dialogue on Universal Design, convened Bill Shorten last year, to improve the availability of Livable Housing and get industry and disability groups working together to promote it.

The voluntary *Livable Housing Design* guidelines consist of three levels: Silver, Gold and Platinum and outline the key features required to meet each standard.

Mr Shorten said Livable Design aimed to build houses that could be adapted to meet the changing needs of residents over their lifetime. He said that it would become increasingly important as Australia's population aged and disability became more common. "These are houses which are easier to live in, can be adapted more cheaply, and will be easier to sell," Mr Shorten said. "Livable Housing Design is housing which meet the needs of all people, including people with disability and senior Australians," Mr Shorten said.

"Families with young children, anyone who suffers a temporary injury, or has a friend with disability to stay the night, will also benefit from Livable Design. "A few simple design features, such as a reinforced bathroom walls, a flat entry to the house and wide corridors and doorways can make a home suitable for an older person or a person with a disability at minimal cost. "A Livable house can give a person with disability a life of independence and dignity, and improved their chance of employment and involvement with the community."

The industry has also agreed to a set of voluntary guidelines for housing, which will be used to inform consumers and the industry about Universal Design, and increase its application.

The Gillard Government will invest \$1M over four years to drive an innovate partnership with leaders of the construction and property sectors to promote Livable Housing.

Although the standards are voluntary key industry groups including the Property Council, Master Builders Australia and the Housing Industry Association have supported them and committed to the 2020 target. They will also provide useful information for consumers seeking to introduce universal design features into a new home and could also be readily applied within an existing home. Dialogue members have agreed to develop a national awareness campaign and brand for Universal Housing Design.

Property Council CEO Peter Verwer said that developing the guidelines had been a great example of collaboration between the industry and the disability sector. "Livable Housing has great potential for the future. It has low costs and huge returns both for homeowners and the broader community."

Australian Bureau of Statistics research shows that between 1981 and 2003, the number of people with a disability more than doubled from 1.9 million to 3.9 million. The ABS estimates that the number of Australians with disabilities will continue to increase through the first half of this century, due to the ageing of Australia's population.

The requirements of the Silver standard are as follows:

1. A safe and continuous path of travel from the street entrance and/or parking area to a dwelling entrance that is level
2. At least one level entrance into the dwelling
3. Internal doors and corridors that facilitate comfortable and unimpeded movement between spaces
4. A toilet on the ground (or entry) level that provides easy access
5. A bathroom that contains a hobless (step-free) shower recess
6. Reinforced walls around the toilet, shower and bath to support the safe installation of grabrails at a later date.

*Courtesy: Media Release—Bill Shorten MP*

*Editors note: This is a major step forward particularly for people in wheelchairs. It may seem a long time (2020) but it is worth the wait for most people.*

# The Wheel Sports Report

**T**he shortest day has come and gone so now the days are getting longer. You have more time to get outside and do things.

You have a chance of winning a \$50:00 gift voucher by filling in the enclosed Physical disABILITY Sport survey and sending it back. By filling in the survey you can give ParaQuad information on what sport people are interested in and we will be able to plan future events.

**Wheelchair basketball** is still on in Launceston and Hobart. Contact Kevin 0412463387 in Hobart or Malcolm 0408140710 in Launceston.

Katherine Reed and Josh Christian are both playing in the national league with the Dandenong Rangers which involves travelling to the mainland regularly.

The Tasmanian team has been busy travelling to Kevin Coombs cup on the central coast of NSW. As well as attending tournaments in Albury finishing 3<sup>rd</sup> in B grade and Morwell finishing 3<sup>rd</sup> in A grade.

How many blisters can one player get over a weekend of basketball? Answer 16 Good work, Sam must have played hard.

17 basketball players from Hobart, Launceston and North West met at Westbury on the 10<sup>th</sup> July for some games. This proved very successful—both socially and with the games and this will now become an ongoing event.

Several players from Hobart are getting together for training on Thursday mornings at Moonah Basketball stadium. Anyone is welcome to come along.

**Boccia** is still rolling along fortnightly at Moonah. The players have been playing a round robin competition. Ann and Scott are a formidable team. There have been some great games some even going to a tie break. It's great seeing the players improve over the length of the competition. The Sorell Men's Shed has built ten new ramps for ParaQuad Tas. We will be using them to develop new venues for players across the state. If you are interested in having a go at boccia contact Kevin at ParaQuad or Barbara at Cerebral Palsy Tasmania 62234488.

ParaQuad held a **Have a Go lawn bowls day** on the 20<sup>th</sup> March. Six people turned up and had an enjoyable morning trying to get the hang of bowling. Bomber showed everyone how it was done. There is now a wheelchair and ramp at the Hobart Indoor Bowls Club, 6 Pear Ave Derwent Park for anyone to use. Ring the club to arrange a time. A second wheelchair will be there soon so two wheelchair users can play each other.

Another 'Have a Go' lawn bowls day will be held on the 2<sup>nd</sup> August at Hobart indoor Bowls Club 6 Pear St Derwent Park from 10:00am until noon—come along and enjoy yourselves.

We welcome all 'newcomers' to sport so if you are interested in trying any sport give Kevin a call 6272 7513 and he will arrange for you to have a go.

*DISCLAIMER: The Editorial Committee of ParaQuad Tasmania Newsletter do not take responsibility for the accuracy of the information contained in its Newsletter. The view and comments expressed by contributors are not necessarily the views endorsed by The ParaQuad Association of Tasmania Inc.*

ParaQuad Assoc. of Tasmania Inc.  
Tel: (03) 6272 8816  
Fax: (03) 6272 8511  
26-28 Tolosa Street or  
PO BOX 1528  
GLENORCHY TAS 7010  
Email: kchilcott@paraquadtas.org.au  
Website: www.paraquadtas.org.au

## Premises Standards Seminars

### An essential seminar on access changes in public buildings

The Disability (Access to Premises – Buildings) Standards (Premises Standards) are due to come into force on 1 May 2011. They will lead to significant improvements in the level of access required in new buildings and existing buildings undergoing renovation. It is also anticipated that corresponding changes will be made to the Building Code of Australia at the same time.

This half day seminar will provide designers, builders, building owners, managers, access consultants, advocates and professionals in the building approvals area with an overview of the Premises Standards and their effect when they come into force.

The seminar will also be an opportunity for participants to discuss questions of interpretation and contribute to the development of further resources.

The seminar will cover:

- The objectives behind the Premises Standards
- Who is responsible for complying with the Premises Standards
- Main features of the Premises Standards including exceptions and concessions

Areas of buildings and levels of access required.

The seminar will be presented by Michael Small from the Australian Human Rights Commission and Kevin Newhouse from the Australian Building Codes Board. Both presenters have been closely involved in the development of the Premises Standards.

**Seminars location and cost:** The Seminars will cost \$100 for online registration and \$115 for other forms of registration and will take place in all capital cities. For details see the registration form. Please note that dress codes may apply at some venues. Information about parking at and public transport to the venues will be included with the registration confirmation or visit the venue website.

The Seminar in Tasmania will be held in Hobart on 9<sup>th</sup> September, 2010 at Baha' i Centre of Learning, 1 Tasman Highway, Hobart.

**Seminar times:** Session begins at 9.30am and conclude at 1.00pm. The registration fee includes morning tea. On the day – registration and receipt of handouts commences at 8:45am.

**Access requirements:** All the venues are wheelchair accessible. If you want to register and have other access requirements in order to participate in the seminar, such as hearing loop requirements or sign language requirements please ensure you record this on the registration form.

**Attendance certificates:** Attendance certificates will only be available at the end of the seminar for delegates that have pre-registered and checked in upon arrival. Delegates that have not pre-registered will receive their certificate by email after the seminar series is completed.

**CPD points:** The seminar qualifies for 3 CPD points for members of the Australian Institute of Building Surveyors, the Royal Institution of Chartered Surveyors, the Australian Institute of Architects and other accredited schemes



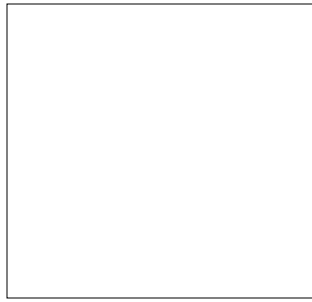
**Registration:** It is anticipated that demand for the seminars will be high so early registration is recommended.

To register online go to: <https://www.secureregistrations.com/PSAS10/>

Alternatively, [click here to download the registration form in PDF](#) or [in Word](#)

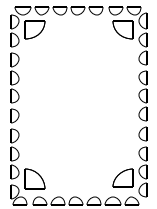
*Details on this form were correct at the time of printing. The Seminar organisers retain the right to alter any or all of the Seminar details.*

**Cancellation Policy:** A refund is available for written cancellations received up to 7 days prior to the seminar. A fee of \$10 may be deducted where a cancellation is made after payment is processed. No refunds apply for a cancellation received less than 7 days prior to the event. A substitute delegate may be nominated to attend – please advise the organisers in writing prior to the seminar. No refunds will be available on the day. Strictly no cash payments will be accepted on the day. Please note that delegates are expected to abide by the terms and conditions of the venues.



If undeliverable return to:

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P.O. Box 1528  
GLENORCHY TAS 7010



May be opened for Postal Inspection

***T***he deadline for the next edition of this Newsletter is 10th September 2010. As mentioned in the Editorial, news items and letters to the Editor are most welcome.

*For further enquiries, contact:*

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