

SPORTS: A REVELATION TO THE PARAPLEGIC

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TO the casual observer, it was certainly a strange sight to watch a number of people in wheel chairs chasing after a ball in the new gymnasium of the Johannesburg General Hospital. It must have been equally strange to watch archery, table tennis, badminton, darts and tennis being played from the same wheel chairs. Although this was an unusual sight, the expression of sheer delight on the faces of the participants told volumes to the onlooker who knew that they were paraplegics who found new joy in life.

Inspired by the achievements and success at Stoke Mandeville, sports were introduced to the Johannesburg General Hospital as a regular activity in the rehabilitation scheme of the paraplegic patient. Preparing the patient to lead a fairly normal life in employment and at home is only providing some compensation for this disability, the sense of frustration from which he inevitably must suffer, needs expression in such a way as to relieve him of excessive energy.

Even fifteen years ago the picture presented by paraplegia was certainly not pleasant or encouraging. The patient with bedsores, bladder and bowel infection, contractures and mental depression presented a serious and disheartening problem. Thanks to the expert combination of medical, nursing and physiotherapy treatments, the details of which cannot be described here, it was learnt how to rehabilitate these cases and return them to normal life to care once again for home and family. If the paraplegic can be rehabilitated to this extent, the reader may rightly ask, what more can sports then achieve? To this most natural question I would like to reply as follows:

RAISING OF MORALE.

The loss of the use of the lower extremities of the body is certainly a serious matter, but when the patient becomes demoralized by realizing the true state of affairs, a far worse problem faces the rehabilitation team. It is during the early stages of recovery when the mind of the patient is pre-occupied that he discovers problems he is afraid to face. Except for his physical handicap, other problems like relationship between husband and wife, providing amply for the family, and being a burden to the community are to be solved by the paraplegic patient. Finding no obvious answer to solve the difficulties he most often starts losing heart and becomes apathetic towards treatment. A large percentage of patients becomes satisfied to spend the rest of their lives in bed or in an inactive manner around the house.

We discovered that the natural antidote to this attitude of mind is to bring these patients in contact with their fellow sufferers on the field of sports. The change of environment, the change of the tedious methods of exercising, and observing the achievements of others quickly stirs the desire to do the same. Before long the apathy and depression disappear and the inactivity of the patient is converted into activity which gives him a new zest for life.

I recall one case in particular, where the patient, after fracturing his spine, was confined to bed for close on eighteen months, before any reasonable success could be obtained with his rehabilitation programme. This delay, which was entirely due to his losing all hope and faith, caused the patient to suffer badly with bedsores and bladder infection. Once we succeeded in raising his interest in the paraplegic sports, all his difficulties, physical and mental, seemed to disappear over night. He was shortly afterwards

discharged as fully rehabilitated and leads at present a very normal life.

Competition.

The paraplegic patient quite often nurses the idea that nobody else could be worse off than himself. When taking part in sports he sees that others are more handicapped but realizes that they, nevertheless, are trying desperately to learn how to live with their disability. This attitude becomes infectious and results in a spirit of competition in which everyone tries to achieve something more or better than his fellow sufferer. This is one of the most important steps in the rehabilitation of the paraplegic, namely, to forget his own troubles and to learn to live with other people. Having learnt this most important lesson, he is ready to adjust himself to the new circumstances at home and work by relying entirely on his own ability.

Developing Muscle Power.

Physical rehabilitation of the paraplegic is entirely based on abnormal strength in the trunk and upper extremities. To achieve this, the patient has to labour for hours on end. This strengthening process becomes laborious and tedious and quite often appears to have come to a standstill. Taking part in a game of netball or competing for the highest score on the archery target expels the idea of exercising while the patient uses his muscle power to the utmost. It is interesting to note that the day following a programme of strenuous sports the patients usually suffer from muscle stiffness and tiredness which is an indication of the excellent exercise value of the games.

Reflecting on the cases under my care I recall one in particular who is a Polio paraplegic, totally paralyzed in legs and trunk with some weakness in the arms. This patient after months and months of treatment was only limited to the parallel bars for walking and could not lean out of the chair to pick up an object from the floor. After several strenuous games it was noted with astonishment how mobile she became especially in the handling of the wheel chair and the picking up of objects. She benefited so much from the general exercise that shortly afterwards she found it possible to negotiate a pair of crutches.

Augmenting Kidney Action.

In the case of a spastic paraplegic, where the spinal cord is severed, gross interference with the urinary functions takes place resulting often in retention. As the kidneys and bladder cannot free the body of the waste products of metabolism, these products remain in the blood stream making the patient feel and look ill. The only other way to augment the action of the kidneys is through the sweat glands which come into action by means of very strenuous exercises. A game of netball seems to be the answer to this question as it makes high demands on the muscular system to keep up with the very fast pace. It was specially observed that some newcomers to the team exchanged a pale sickly colour for a healthy radiant one.

Having pointed out some of the main benefits to be derived from sports, I would like to make only a few remarks concerning some of the games.

Netball.—This is a very strenuous game and depends on excellent muscle and balance control. It can be a very rough game with injuries as a result, but under the proper control it is as safe as any other. As all paraplegics have their own chairs, the requirements for this game are a netball and two goal posts. On account of its simplicity

it can either be played indoors or on a very hard even surface outside.

Archery.—An excellent sport for developing the arms and upper trunk. It can either be exercised indoors or outside but it must be realized that it is essentially a dangerous game and the necessary safeguards must be taken. Although the financial outlay of this sport is on the high scale, it is one of the most popular games.

Badminton and Table Tennis.—These two games are naturally very fast and demand agility, skill and concentration of the patient. Whereas the previous two games mentioned are excellent for developing muscle power, the latter two mainly develop mental concentration.

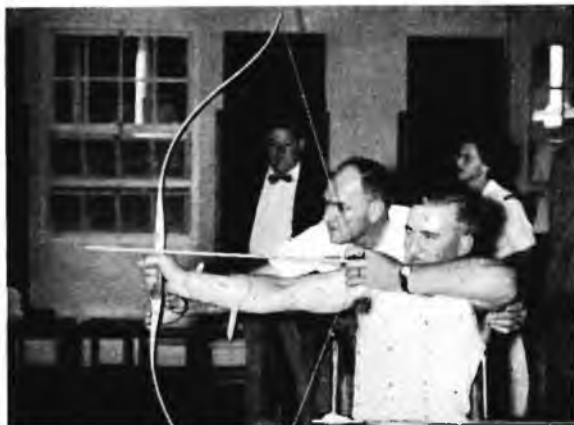
Darts.—This is a very light game which provides relaxation and amusement but yet calls for accuracy. This is very much enjoyed by the patients when interposed between strenuous activities.

The above mentioned are only a few of the great variety of sports in which the paraplegic patient can take part and excel himself. Other types like javelin, throwing the hammer, etc., will, we hope, be introduced shortly to the programme.

Once the paraplegic has overcome his disability and gained confidence in himself, a new life opens before him wherein he can compete with his fellow men and once again live a happy, normal life.



Wheelchair Netball.



Wheelchair Archery.

SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPISTS GROUP ENDOWMENT FUND

We have pleasure in announcing that a Group Endowment Fund has been inaugurated for members of the South African Society of Physiotherapists and will be underwritten by **The Colonial Mutual Life Assurance Society Limited** (hereinafter referred to as the Underwriters).

The Fund will enable members of the Society to obtain assurance at a lower cost than is possible with individual contracts and will enable them not only to insure their lives for the benefit of their dependents but to save for their retirement by deduction of regular monthly contributions from salary.

Members of the Society who wish to insure under this scheme must complete a short Proposal Form together with a Stop Order for the deduction of contributions monthly from salary.

The Trustees of the Fund will hold at the Society's headquarters a master policy on the schedules of which will be entered full particulars of each member's assurance.

The benefits consist of guaranteed amounts payable at the age selected by the member, or on prior death, and are subject to increase by annual bonus additions. Additional benefits in the form of Cash Payments subject to increase by bonus additions as declared in the Underwriter's Accident Department and waiver of future contributions are payable upon disablement due to certain contingencies prior to the selected age as set out on the master policy.

BENEFITS WILL DEPEND UPON:

- (1) The member's age on entry into the scheme;
- (2) The monthly contribution to be paid;
- (3) The selected age at which the sum assured is payable.

ALL MEMBERS WILL RECEIVE A CERTIFICATE OF ENROLMENT GIVING FULL DETAILS OF CONTRIBUTIONS AND BENEFITS.

In the event of a member leaving the Society, the enrolment will be converted into an ordinary policy with the underwriters. Benefits and contributions will remain unchanged but future contributions will require to be paid direct to the underwriters. Such a policy on the life of a female member may, in certain circumstances, be converted into a policy on the life of her husband if he is insurable and not more than 10 years her senior.

The Fund is similar to that which has operated for the benefit of members of the South African Nursing Association for many years and the Executive of your Society hope that all members will give the Fund their full support.

CUT HERE.

To the TRUSTEES GROUP ENDOWMENT FUND,
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