



NATIONAL HEALTH AND
REHABILITATION CONFERENCE

REHABILITATION SERVICES FOR ALL

22 & 23 August 2019
The River Club, Observatory



Welcome

The need for rehabilitation services continues to increase worldwide. Unfortunately, this need remains largely unmet, especially in low-middle income countries where accessibility and affordability of rehabilitation services is still a significant challenge. As rehabilitation professionals we need to evaluate our current strategies meant to improve access to rehabilitation services. We must also explore innovative ways of engaging with other stakeholders to ensure provision of quality and acceptable services to our populations.

Specific to the Sub-Saharan region, we lack a joint platform where rehabilitation professionals (public and private) and other relevant stakeholders (Government, NGOs, Universities, etc) can come together and collectively re-imagine the provision of 21st century rehabilitation services. It is my hope that this conference will provide a basis upon which this joint platform can be built.

We have brought together an exciting mix of patient partners, academics and health professionals who are playing an active role in shaping the future of our services. I hope the presentations and panel discussions inspire all to critically reflect on our rehabilitation service delivery models, appropriateness of our training programmes to prepare graduates who can provide contextually and culturally appropriate services. I look forward to your participation and trust that our time together will be a rewarding and invigorating experience for all.

Lebogang Ramma

Head: Department of Health & Rehabilitation Sciences

Conference Organising Committee

A/Prof Lebogang Ramma

Dr Gillian Ferguson

Mx Keenan PJ Hendrickse

Sponsor

The logo for Life Rehabilitation features the word "Life" in a large, bold, sans-serif font. The letter "L" is dark blue, the "i" is red, and the "fe" is dark blue. To the right of "Life", the word "Rehabilitation" is written in a smaller, bold, italicized, dark blue sans-serif font. The logo is set against a white rectangular background.

Life *Rehabilitation*

National Rehabilitation Conference

Day 1: 22 August 2019: Theme: Policy & Service Delivery

7h45-8h15	Registration
8h15-8h20	Welcome by: Department of Health & Rehabilitation Sciences HOD's nominee
8h20-8h30	Welcome by the Deanery of the UCT, Faculty Health Sciences
8h30-8h50	Opening Address: Dr Tracey Naledi , Chair: Tekano Board
8h50-9h30	Keynote: Pauline Kleinitz , Rehabilitation Programme Adviser, Department of Noncommunicable Diseases, World Health Organisation <i>"WHO Rehabilitation 2030 Agenda: Strengthening health systems to provide rehabilitation"</i>
SESSION Theme: THE PATIENT JOURNEY	
<i>"How do patients and their families experience the health system (public and private) for Rehabilitation?"</i>	
9h30-10h00	Panel 1: Perspectives from Clients/Patient Partners Faldeelah Petersen, Anwa Denton, Victor Mckinney, Randall Wynkwaard
10h00-10h15	Discussion/ Q & A
10h15-10h30	Oral Presentation: Noreth Muller-Kluits <i>"Social service delivery needs of family caregivers of adults with physical disabilities"</i>
10h30-11h00	Morning Tea
SESSION Theme: INTERSECTORAL COLLABORATION	
<i>"What decision-making processes will facilitate long-term sustainable intersectoral collaboration?"</i>	
11h00-11h30	Panel 2: Intersectoral Response: Representatives from the following government departments: Social Development, Education, Health Shafeegah Nana (Health), Nina Klein (Social Development), Nalini Pillay (Education)
11h30-11h45	Discussion/ Q & A

11h45-12h00	Special Presentation: Prof Theresa Lorenzo , Acting Head of Division: Disability Studies, UCT <i>“Creating a responsive workforce for inclusive development”</i>
12h00-12h10	Dr Riyas Fadal (National Manager, Life Rehabilitation): Sponsor Slot
12h10-12h30	Special Presentation: Sandhya Singh , Director: Non-Communicable Diseases; DoH <i>“Optimising rehabilitation policy to leave no-one behind”</i>
12h30-13h30	Lunch and Exhibitions (Posters)
SESSION Theme: EDUCATION <i>“How are we decolonising professional education?”</i>	
13h30-13h55	Special Presentation: Prof Harsha Kathard , Communication Sciences & Disorders, UCT <i>“Decolonising professional education: a reflection”</i>
13h55-14h25	Panel 3: Universities Response: Representatives from universities offering rehab programmes Mershen Pillay, Douglas Maleka, Soraya Maart, Joyce Mothabeng, Phillip Dambisa, Peace Francis, Sithembelenkosini Ngcobo
14h25-14h40	Discussion/Q & A
SESSION Theme: PROFESSIONAL ASSOCIATIONS <i>“What role do professional associations play in the context of promoting & realising equitable service delivery?”</i>	
14h40-15h00	Oral Presentation: Leigh-Ann Richards <i>“Reframing practice: contextually relevant responses”</i>
15h00-15h30	Panel 4: Professional Associations: OTASA, SASP, SAAA, SASLHA Alwin Williams (OTASA), Witness Mudzi (SASP), Susan Strauss (SAAA), Erika Bostock (SASLHA)
15h30-15h40	Discussion/Q & A
15h40-16h15	Afternoon Tea

SESSION Theme: **ETHICS**

“Ethical issues in rehabilitation research”

16h15-16h45	Special Presentation: Prof Leslie London , Head: Division of Public Health Medicine, UCT <i>“Ethical issues regarding the use of race as a variable in research...the case of the cognitive function in coloured women study”</i>
16h45-17h15	Special Presentation: Dr Lyn Horn , Director: Office of Research Integrity, UCT <i>“The links between academic and research integrity and how we develop a culture of integrity in health and rehabilitation education and research”</i>
17h15-17h30	Discussion/Q & A
17h30-17h50	Rapporteur Feedback and Closing
18h00	Dinner (Cocktail event) @ River Club

Day 2: 23 August 2019: Theme: Research and Innovation

8h30-8h45	Opening and Recap of previous day	
8h45-9h30	Keynote 1: Prof Quinette Louw , SARChI Chair of Rehabilitation, Faculty of Medicine and Health Sciences, Stellenbosch University <i>“Future proofing Rehabilitation: Research priorities for the South African context”</i>	
9h30-10h30	Parallel sessions #1	
	Theme: Policy and Professions & Service Delivery	Theme: Service Delivery
	Chair: Dr Pam Gretschel	Chair: Zenzo Chakara
9h30-9h45	Nousheena Firfrey: <i>“The Evaluation of the Integrated Client-Centred Intervention Programme (ICIP) for Clients with</i>	Nikki Tromp: <i>“Management of children with bacterial meningitis: Challenges with diagnosis of hearing loss in a low-to-mid-income country”</i>

	<i>MDR TB at DP Marais Hospital in the Western Cape</i>	
9h45-10h00	<p>Nina Strydom</p> <p><i>"The voice of reason: early identification of post stroke dysphagia"</i></p>	<p>Fatima Peters:</p> <p><i>"Re-structuring the health therapy services to improve access to community-based health care services in the Klipfontein/Mitchells Plain District, Western Cape Province, South Africa"</i></p>
10h00-10h15	<p>Zakareeya Pandey</p> <p><i>Rehabilitation Service Delivery: insights from intermediate care</i></p>	<p>Zandile Shezi:</p> <p><i>"Experts opinions on best practice content areas pertinent during informational counselling for families of children who are deaf or hard of hearing"</i></p>
10h15-10h30	<p>Tania De Villiers:</p> <p><i>"Men with Conscience" to prevent sexual violence in university residences: A South African model</i></p>	<p>Dr Eduard Baalbergen</p> <p><i>"onaBotulinum toxin A - Another useful tool in the spasticity management toolbox"</i></p>
10h30-11h00	Morning Tea	
11h00-11h15	<p>Special Presentation: A/Prof Douglas Maleka, HOD: Physiotherapy, SMU</p> <p><i>"Community reintegration the end point of Rehabilitation-are we assessing this construct of rehabilitation?"</i></p>	
11h15-11h30	<p>Special Presentation: Dr Saul Cobbing, Dept. of Physiotherapy, UKZN</p> <p><i>"Rehabilitation for all: a pipe dream or a possibility?"</i></p>	
11h30-12h30	Parallel sessions #2	
	Theme: Innovation and Change	Theme: Service Delivery
	Chair: Dr Niri Naidoo	Chair: Shamila Manie

11h30-11h50	Joyce Mothabeng: <i>"The validity and reliability of the digital scale to measure lower limb weight bearing in stroke patients"</i>	Nomusa Ntinga: <i>"Physiotherapists' experiences of interactions with inter-professional team members in the adult Intensive care unit (ICU) setting"</i>
11h50-12h10	Vera Hlayisi: <i>"Utilizing social media for hearing health promotion: a pilot for young adults in Cape Town, South Africa"</i>	Muziwakhe Tshabalala: <i>"Physical activity levels and patterns of children with cerebral palsy and the effect of intervention: Gauteng Special Schools"</i>
12h10-12h30	Michelle Botha: <i>"The positioning of blind service users in the 'public face' material of South African rehabilitation NPOs"</i>	Soraya Maart: <i>"Disability prevalence-context matters for effective service planning"</i>
12h30-13h30	Lunch and Exhibitions	
13h30-14h00	Keynote: Prof Elelwani Ramugondo , Interim deputy dean- postgraduate, Health Sciences, <i>"Funding support for health and rehabilitation research: How can we optimise the opportunities"</i>	
14h00-15h00	Parallel sessions #3	
	Theme: Education	Theme: Transformation and Inclusion
	Chair: Heather Talberg	Chair: Lucretia Petersen
14h00-14h20	Judith McKenzie: <i>"How short courses support the role of therapists in an inclusive education system"</i>	Carol Legg: <i>"An exploration of clinical stressors of training speech and language therapists: Some lessons for coping with the realities of clinical practice"</i>
14h20-14h40	Jane Kelly:	Luzaan Kock

	<i>"Using massive open online courses to empower educators of learners with severe to profound disabilities"</i>	<i>Towards successful implementation of healthcare plan 2030: barriers and facilitators</i>
14h40-15h00	Sophia-Lorraine Allie: <i>"Medical Students' Knowledge of the Role of Occupational Therapy in Mental Health"</i>	Dominique Brand: <i>"Disability and experiences of exclusion and inclusion participation in sports participation"</i>
15h00-15h15	Afternoon Tea	
15h15-15h35	Special Presentation: Dr Brian Watermeyer , Senior Research Officer: Disability Studies, UCT <i>"Disability and the unconscious life of rehabilitation"</i>	
15h35-16h20	An indaba session (round table discussions): Reflections and Way forward	
16h20-16h35	Closing	



CONFERENCE SPEAKERS

OPENING ADDRESS



DR TRACEY NALEDI

Chairperson: Tekano Board

KEYNOTE SPEAKER



PAULINE KLEINITZ

Rehabilitation Programme Adviser, Department of Noncommunicable Diseases; World Health Organisation (WHO)



PROF THERESA LORENZO

Acting Head of Division, Disability Studies, UCT



MS SANDHYA SINGH

Director: Non-Communicable Diseases; National Department of Health



PROF HARSHA KATHARD

Communication Sciences & Disorders, UCT



MS LEIGH-ANN RICHARDS

Senior Clinical Educator, Occupational Therapy, UCT



PROF LESLIE LONDON

Head: Division of Public Health Medicine, School of Public Health & Family Medicine, UCT



DR LYN HORN

Director: Office of Research Integrity, UCT



PROF QUINETTE LOUW

SARChI Chair of Rehabilitation, Medicine & Health Sciences, Stellenbosch University



PROF DOUGLAS MALEKA

Head: Physiotherapy, Sefako Makgatho Health Sciences University



DR SAUL COBBING

Dept. of Physiotherapy, UKZN



PROF ELELWANI RAMUGONDO

Deputy Dean: Health Sciences, UCT



DR BRIAN WATERMEYER

Senior Research Officer: Disability Studies, UCT

Abstracts (in order of appearance in programme)

Noreth Muller-Kluits- "Social service delivery needs of family caregivers of adults with physical disabilities"

Almost everyone will experience a form of impairment or disability in their lives which may require some form of rehabilitation service e.g. someone suffering a stroke or acquiring a spinal cord injury. Many adults with physical disabilities rely on family members to take care of them and assist with the rehabilitation exercises provided by health professionals. This gives part of the rehabilitation responsibility to the family caregiver. This study focused on the social service delivery needs of these family caregivers, especially in caring for adults with physical disabilities. The qualitative study was mainly done through purposive sampling of 20 participants in Cape Town from different socio-economic backgrounds. During this empirical study it was found that family caregivers faced certain service delivery needs. This influenced their caregiving to adults with physical disabilities as several faced caregiver burden such as lack of respite time. These social service delivery needs included accessibility of services in terms of transport, safety, finance and information. A lack of recreational groups was also identified as contributing to lack of respite time for caregivers. Within a social work perspective, recommendations were made to address the social service delivery needs of family caregivers of adults with a physical disability. These recommendations also emphasise the importance of acknowledging the vital role family caregivers play in the rehabilitation process.

Nousheena Firfrey- "The Evaluation of the Integrated Client-Centred Intervention Programme (ICIP) for Clients with MDR TB at DP Marais Hospital in the Western Cape"

Although TB is a curable communicable disease, poor adherence to TB treatment is a major barrier to TB control in South Africa as it increases the risks of morbidity, mortality and drug resistance at individual and community level. As a result, multi drug resistant TB (MDR-TB) has become a serious public health issue. Firfrey conducted a study to gain an in-depth description of occupational adaptation as experienced by adults undergoing long-term hospitalisation for MDR-TB. Her recommendations included a client-centred approach with a hospital programme which adopts an integrated, interdisciplinary approach that is not bio-medically driven but also addresses occupational risk factors that contribute to institutionalisation through occupational enrichment programmes based on psychosocial rehabilitation principles. An Integrated Client-centred Intervention Programme (ICIP) was subsequently developed and piloted. In this paper, the qualitative findings of a mixed methods study that aims to evaluate the ICIP will be presented. Objectives: To explore the participants' perceptions and experiences regarding barriers and facilitators of the ICIP implementation as well as how the programme outcomes were addressed. Methodology: A qualitative research design was utilised. Data collection methods include semi structured interviews, focus groups and document reviews while thematic analysis is used as a method of data analyses. Practice Implications: Emerging findings highlight the efficacy of the ICIP with clear practice implications for its further development to improve treatment outcomes in patients hospitalised for MDR-TB. Conclusions: Results may help strengthen the ICIP for MDR-TB Patients and illustrate how occupational enrichment programmes could influence health system policies which are essential components of client-centred practice.

Nina Strydom- The voice of reason: early identification of post stroke dysphagia

Introduction

Dysphagia is a common complication following acute stroke; affecting between 37% to 78% of stroke survivors. Some studies have shown that patients diagnosed with dysphagia may have up to three times higher risk of pneumonia; resulting in increased length of stay and short term mortality. Access to early swallowing screening and assessment by speech and language therapists (SLT) have been shown to decrease the prevalence of pneumonia.

Research questions

What is the compliance to best-practice dysphagia screening of stroke survivors admitted to private hospitals in South Africa from 1 January 2015 to 31 December 2017? What is the incidence of pneumonia post stroke; and access to SLT? How does pneumonia post-stroke impact the length of stay and what is the cost impact of this complication?

Methodology

The SLT billing history of 10 536 patients with a stroke diagnosis between January 2015 and December 2017 was extracted by one funder. The number of stroke survivors that received SLT intervention in the first 14 days' post stroke was reviewed. The number of post-stroke patients that presented with pneumonia was identified and linked to SLT consultations conducted. The average length of stay for patients with, and without pneumonia was identified.

Results

17.8% of patients received at least one speech and language therapy consultation in the first 14 days' post stroke. A gradual increase in the number of patients who received a consultation in the first and second day of admission was noted. In the cases where pneumonia was diagnosed, 39.6% of patients had a SLT consultation in the first 14 days. It is not known whether the SLT consult was conducted before or after the patients were diagnosed with pneumonia. 21.6% of patients without symptoms of pneumonia had at least one SLT consultation. The average LOS for stroke survivors without pneumonia was 6.5 days; versus 15,7 days in patients with pneumonia.

Conclusion

The referral rate for SLT consultations and swallowing screening was below the best-practice recommendations, although the trend of earlier referrals increased over 3-year period. Patients who developed pneumonia as a complication post-stroke required an extended length of hospitalisation, with resultant increase in cost.

Recommendations

Greater awareness is required regarding the need for earlier referral and swallowing screening within 24-hours post-stroke and prior to oral feeding, as it may reduce the incidence of pneumonia post-stroke. There is a need to identify the barriers to early referral.

Fatima Peters, Caroline De Wet, Fatima Ally, Ruwayda Hull, Nerasha Mohamed, Insaaf Mohammed, Ibtiesam Ariefdien - *Re-structuring the health therapy services to improve access to community based health care services in the Klipfontein/Mitchells Plain District, Western Cape Province, South Africa*

Introduction

The Western Cape Province is committed to providing access to quality person centred care. The Klipfontein/Mitchells Plain health district identified gaps in their community based services. Problems included poor integration of discharged patients, poor quality of life, frequent readmissions, and increased disease prevalence.

Managers reviewed the service and found key weaknesses in the system such as poor utilisation of health therapy services, duplication of services, a silo approach to intervention and a package of care that is disease-focussed.

Objectives

Management redesigned the health therapy services for better utilisation and to increase access to primary health care services in the community to improve health outcomes such as quality of life, wellness, disease prevention and self- efficacy.

Approach

The model of improvement was used and the Plan-Do-Study-Act cycle was implemented using pilot projects with ongoing evaluation to revise decisions and inform further implementation.

Practice implications

Clarification of the roles and functions of each health therapist and the community based rehabilitation worker; these were placed strategically to improve access and fully utilise their unique role.

Positive outcomes resulted in additional funding being made available to appoint two more occupational therapists, one social worker and fourteen rehabilitation care workers.

The redesigned package of care for health therapy includes curative care, rehabilitation, health promotion and health prevention across the life span.

Health therapy skills mix is ideal for a population approach to programme management and for managing the interface between various disciplines such as the mid-level worker, community health worker, and other health professionals.

Conclusion

Health therapy contributes richly towards implementing comprehensive primary health care.

Zakareeya Pandey, Naomie Hess, Patricia Kamte, Amina Sassman, Orpa Syster- Rehabilitation Service
Delivery: insights from intermediate care"

The session will begin with a brief overview of rehabilitation service delivery at intermediate care level.

This will be followed by a brief discussion by the RCW of case examples of clients they have been treated at the facility : "Insights from Intermediate Care Part II: Case Studies"

Mrs Zandile Shezi & Dr L. Joseph- Experts opinions on best practice content areas pertinent during informational counselling for families of children who are deaf or hard of hearing

Introduction: Informational counselling can be defined as the dissemination of information that relates to but is not limited to interpretation of the audiogram, and deciding on amplification/technology, educational and communication options. It has become common practice for audiologists to filter a substantial amount of information which they should provide to families following the diagnosis of a hearing loss. Therefore, this study aimed to describe the opinions of multidisciplinary members regarding best practice content areas that are pertinent during informational counselling to facilitate improved service delivery for families following the diagnosis of a permanent childhood hearing loss.

Methodology: A modified Delphi technique was used with a multidisciplinary team of experts. The experts included Ear, Nose and Throat (ENT) specialists, paediatrician, audiologists, speech language therapists, Deaf adult, parent, educators, psychologist and neurodevelopmental paediatrician. Descriptive statistics and content thematic analysis was used to analyse the responses.

Results: The key content areas pertinent to provide informational counselling included the anatomy and physiology of the hearing system, diagnostic results in relation to the site of lesion, linguistic and social development to families. It was found that explaining all intervention choices, communication options,

education methodologies, rehabilitative technologies, aural rehabilitation, support systems and care pathways was essential for parents to make informed decisions.

Discussion: The key content areas that are pertinent during informational counselling may influence how families of children who are deaf or hard of hearing make informed decisions regarding available and accessible intervention services. This impacts the parent-professional relationship, affects adherence to intervention and improves service delivery.

Conclusion: Understanding the complexity of informational counselling, and its contribution to the status of parent-professional relationships, rehabilitation outcomes and service delivery for children who are deaf or hard of hearing and their families, is especially important considering the diverse nature of the South African population.

Luzaan Kock, Nondwe Mlenzana, Jose Frantz: Towards successful implementation of healthcare plan 2030: barriers and facilitators

Health care in South Africa ranges from basic primary health care at community level to highly specialized services at tertiary level of care. In the healthcare plan 2030, primary health care service is seen as the most critical component and emphasis is laid on curative, preventative and rehabilitative care services at primary health care facilities. Rehabilitation departments in primary healthcare facilities therefore need to be of such a nature that they are able to meet the requirements of the provincial government as stated in the plan. Using an explorative qualitative study design, this study aimed to explore barriers and facilitators associated with implementation of healthcare plan 2030 at primary health care level. Ethical clearance was obtained from all relevant stakeholders. The study population consisted of rehabilitation professionals at three selected community health care centres. Data collection was done through individual interviews and a focus group discussion (FGD). The researcher used the transcripts from the individual interviews and FGD to highlight themes and subthemes. Findings suggested that despite awareness around the policy, rehabilitation professionals were not aware of their expected role in the execution of the policy. Findings also suggest that rehabilitation professionals are frustrated and overworked. This study recommends that creating awareness around healthcare plan 2030, developing skills to promote collaboration, and strengthening platforms for social support will encourage rehabilitation professionals to implement relevant and appropriate service to society; leading to good health outcomes for the population

Dr Eduard Baalbergen- onaBotulinum toxin A: one more tool for spasticity management in neurological rehabilitation

Introduction

Severe spasticity could have far-reaching consequences; including pain, discomfort, reduced mobility, difficulty to maintain hygiene, etc. This may result in a significant impact on function, independence, self-image and quality of life.

Methods

Botulinum toxin injections and serial casting were added to the rehabilitation management plan of a patient who sustained a traumatic brain injury at various phases of the rehabilitation programme. The effectiveness of the interventions was measured and recorded through objective outcomes measures and video-recordings.

Results

The effectiveness of the combined treatment approach, as well as the learnings are presented as a case studies. Apart from the importance of confident doctor injecting skills; interdisciplinary assessment, realistic goal setting, early intervention, and access to ongoing rehabilitation have impacted on the effectiveness of the combined management.

Conclusion

The inclusion of onabotulinum toxin A is an effective strategy to optimise rehabilitation outcomes.

Joyce Mothabeng, Pooveshni Naidoo, Karin Mostert- *The validity and reliability of the digital scale to measure lower limb weight bearing in stroke patients*

Background: Stroke is a major cause of disability, often resulting in inability to bear weight on the affected limb and walking limitations. One of the aims of stroke rehabilitation is to increase the tolerance and ability to bear weight on the paretic limb. It is therefore important that rehab professionals are able to measure weight bearing and use weight bearing ability as a reliable outcome measure in neurological rehabilitation. There is therefore a need for practical and cost effective measures of weight bearing. This study investigated the reliability and validity of the two Pure Pleasure® digital scale as a measure of lower limb weight bearing, compared to the AMTI® force plate.

Methodology: A cross-sectional validation study was conducted with forty stroke patients. Lower limb weight bearing was measured with the participant standing astride with one leg on each of the two AMTI® force plates first, followed by the two Pure Pleasure® digital scales. Three measurements were recorded for each device.

Data Analysis: The intra-class coefficient (ICC) was used to determine reliability; and agreement between the two devices determined using the Bland-Altman method.

Results: Excellent intra- and inter-rater reliability with (ICC values: 95% confidence intervals 0.96; 0.99 and 0.98; 0.99 respectively). The Bland-Altman plot revealed good agreement between the two devices, with the force plate to digital scale ratios of 1.58:1.56 (SD ±0.7).

Conclusion: The digital scale was found to be a valid measure of weight bearing in stroke patients, with excellent levels of inter- and intra-rater reliability were demonstrated. Hence, the digital scale can be used confidently by rehabilitation clinicians as an objective cost-effective, user friendly and portable measurement of lower limb weight bearing.

Keywords: stroke outcome measures, lower limb weight bearing digital scales

Mahitsonge Nomusa Ntinga and Prof Helena Van Aswegen- *“Physiotherapists’ experiences of interactions with inter-professional team members in the adult Intensive care unit (ICU) setting”*

Introduction: Inter-professional team collaboration allows for enhanced patient safety, better use of resources by avoiding duplication of treatment, and improved standards of patient care as the time and skills of the professionals is efficiently utilised. In environments where the patients are highly dependent on the caregiver such as the intensive care unit (ICU), patient safety is of utmost priority and ensuring this safety requires collaboration of all professionals attending to the patient. The willingness to follow evidence based practice (EBP) and inter-professional team collaborative protocols become tools to ensure the ICU patients’ survival. Physiotherapists, through respiratory therapy, help reduce rates of ventilator associated pneumonia, time spent on mechanical ventilation and early mobilisation exercises aid in preventing ICU acquired weakness, which is a consequence of prolonged bed rest, and therefore reduces length of stay (LOS) in ICU and in hospital. There is evidence that using inter-professional team inclusive weaning protocols results in a shorter, more effective weaning process, which is most beneficial to patient outcomes and implementing interactive

learning/education inclusive of all members. This allows for auditing and feedback and continuous professional development of the team. There is currently no research done in South Africa that explores, from the physiotherapist's perspective, the collaboration, interactions and communication between physiotherapists and the inter-professional team members in the ICU setting. This study was conducted to establish physiotherapists' experiences of interactions with the inter-professional team members in an adult ICU setting.

Conclusion: Physiotherapists are important members of the inter-professional team in the ICU. Exploring their interactions with other team members has highlighted issues that should be addressed to improve the collaboration efforts within the inter-professional team to facilitate improved patient outcomes.

Vera Hlayisi: "Utilizing social media for hearing health promotion: a pilot for young adults in Cape Town, South Africa"

Introduction:

Currently, 3.2 billion people use the internet globally and 28.6 million residing in South Africa. Social media is used by 15 million South Africans. Use of social media in health promotion is a growing area of interest due to its novelty and potential to reach large populations. This study aimed to pilot the use of social media to carry out audiology awareness in young adults in South Africa.

Methods:

Instagram and Twitter platforms were used to share audiology information to a targeted population of University of Cape Town students (n=20000) over 4 weeks. Social media platforms were monitored for number of people reached through; followers (users subscribing to the audiology pages), views (number that viewed posts) and shares (number that secondarily shared information to their followers and viewers).

Results:

Audiological information shared on social media platforms was viewed by 20% (n=3966 of 20000) of the target University of Cape Town student population. Most (51%, n=2025) of the views were on Twitter compared to Instagram (49%, n=1941). From the total viewers, 8% (n=328) chose to follow the audiology information pages with majority (74%, n=243) of followers on Instagram than Twitter (26%, n=85). In terms of secondary sharing, audiological information was shared by viewers and followers 326 times with most shares (52%, n=169) on Instagram compared to Twitter (48%, n=157).

Conclusion:

This pilot showed that a high number of people can be reached through social media with hearing health promotion information. Findings indicate the need for research on the effectiveness of social media as a tool to share information for hearing health promotion purposes. Overall, findings highlight potential applications to bridge access to information in low and middle-income countries, like South Africa where more people have access to a smartphone than a hearing health professional.

Muziwakhe Tshabalala, Prof. Joyce Mothabeng and Prof. Agatha van Rooijen: "Physical activity levels and patterns of children with cerebral palsy and the effect of intervention: Gauteng Special Schools"

The patterns of physical activity for typically developing children comprise short bouts of moderate to vigorous activity patterns of about 20 to 25 minutes daily. However, children diagnosed with cerebral palsy (CP) experience many barriers that make them physically inactive. CP is a group of disorders of development of movement and posture, causing activity limitation attributed to non-progressive disturbances occurring in the developing brain. CP is accompanied by a wide spectrum of co-morbidities that may affect the levels and

patterns of physical activity. The study aims were to determine 1) the physical activity level and patterns of children with CP in Gauteng Province special schools; and 2) the effect of intervention on the children with CP.

A quantitative multi-centre pre- and post-intervention study was undertaken in three Gauteng special schools. There were three groups comprising the visual motor training (group 1), functional aerobic training (group 2) and physical education (control group 3). Baseline and post intervention tests were done using the Actiheart® activity monitor and the Self-administered Physical Activity Monitor (SAPAC). Ethical approval was obtained from the University of Pretoria and Gauteng Department of Education. Assent and consent was also obtained.

At baseline there were 19 (43.2%) males and 25 (56.8%) females with mean ages that were 13.32 ± 0.97 and 15.16 ± 0.85 years respectively. The mean lowest physical activity level on the Actiheart® was 1.61 ± 0.29 and the highest was 1.85 ± 0.66 in metabolic expenditure equivalents. The SAPAC also showed that most children with CP do not reach the recommended daily physical activity levels of moderate to vigorous intensity.

There is a need for an adaptable framework of intervention by healthcare workers to improve physical activity levels and patterns of children with CP in Gauteng special schools.

Michelle Botha: "The positioning of blind service users in the 'public face' material of South African rehabilitation NPOs"

This paper presents some preliminary findings from a doctoral study on blindness discourses found in South African Non-profit Organizations (NPOs) providing rehabilitation and support services for blind and visually impaired adults. The study aims to explore the role played by these organizations, through the discourses they employ and broadcast, in producing meanings about blindness and the experience of blindness. Furthermore, it is interested in how these meanings shape the self perception of blind individuals. The study begins from Foucauldian principles to do with the entangled concepts of discourse, knowledge and power. It also draws on critiques of coloniality in thinking about rehabilitation as a civilizing force. The findings presented in this paper come out of a discourse analytic review of eight organization websites and are augmented by some interview data which resonates. The findings suggest the operation of; third person alliances around the blind subject and a resulting objectification of visually impaired service users as that which must be worked upon, 'journey discourse' which prohibits the expression of complex disability experiences, and polarized blindness fantasies which promote othering and prescribe acceptable ways of being for blind subjects. Undoubtedly, rehabilitation organizations provide vital techniques and support without which possibilities for people with visual impairments would be severely limited. Nonetheless, this study asks questions about what we, as rehabilitation professionals, might be imparting to blind people, through rehabilitation and training services, on a more symbolic level, about their value and place in the world.

Soraya Maart, Seyi Amosun, Jennifer Jelsma: "Disability prevalence-context matters for effective service planning"

Background: There is increasing interest in the collection of globally comparable disability data. Context may influence not only the rates but also the nature of disability, thus locally collected data may be of greater use in service delivery planning than national surveys.

Objectives: The objective of this article was to explore the extent to which two areas, both under-resourced but geographically and socially distinct, differed in terms of the prevalence and patterns of disability.

Method: A cross-sectional descriptive survey design was utilised, using stratified cluster sampling in two under-resourced communities in the Western Cape, South Africa. Nyanga is an informal urban settlement in Cape Town and Oudtshoorn is a semi-rural town. The Washington Group Short Set of questions was used to identify persons with disabilities (PWD), and a self-developed questionnaire obtained socio-demographic information.

Results: The overall prevalence of disability was 9.7% (confidence intervals [CIs] 9.7–9.8) and the proportion of PWD was significantly different between the two sites (Chi-Sq = 129.5, $p < 0.001$). In the urban area, the prevalence rate of any disability was 13.1% (CIs 12.0–14.3) with 0.3% (CIs 0.1–0.6), reporting inability to perform any function at all. In contrast, the semi-rural community had a lower overall prevalence rate of 6.8% (CIs 6.0% – 7.8%) but a higher rate of those unable to perform any function 1% (CIs 0.07–1.4). Disability was associated with gender, age, unemployment and lower income status in both areas.

Conclusion: Deprived areas tend to show higher disability prevalence rates than the National Census estimates. However, the discrepancy in prevalence and patterns of disability between the two under-resourced areas indicates the need for locally specific data when planning health interventions.

Keywords: Disability; prevalence; context; service planning; census; survey.

Judith McKenzie and Jane Kelly: "How short courses support the role of therapists in an inclusive education system"

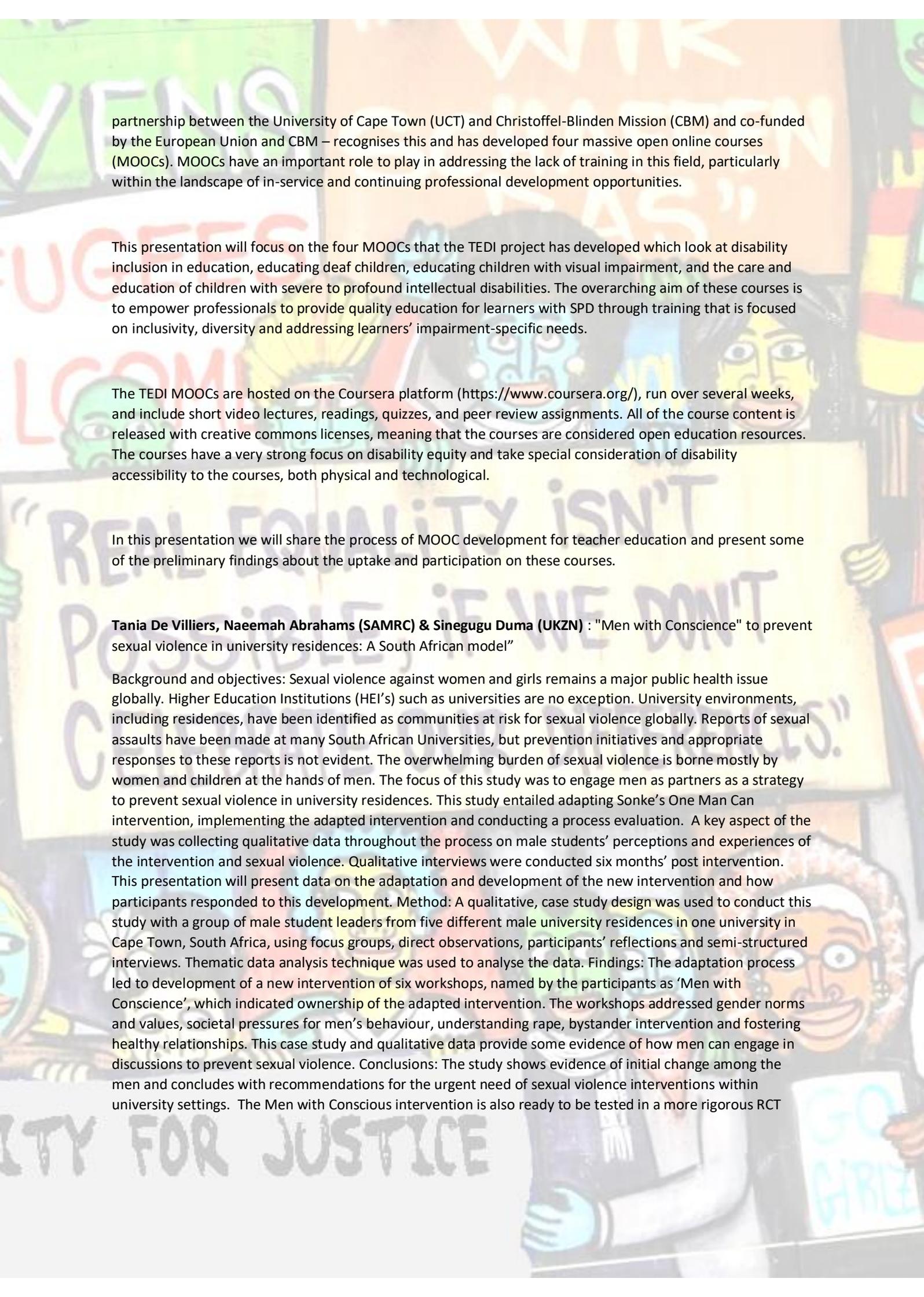
South Africa has adopted an inclusive education policy that depends heavily on a streamlined system of support that cuts across special, ordinary and full-service schools. Rehabilitation therapists are seen to be an integral part of this system and this requires a consideration of the new roles that they are called upon to fulfil, such as supporting teachers and working on district-based support teams. In this presentation we consider how therapists are being prepared for this role. We draw upon our work in the Teacher Empowerment for Disability Inclusion (TEDI) project - a partnership between the University of Cape Town (UCT) and Christoffel-Blinden Mission (CBM) and co-funded by the European Union and CBM – which has developed short, face-to-face courses and accompanying online courses for educators (including therapists), focusing on the following areas: disability studies in education, the education and care of learners with severe to profound intellectual disabilities, teaching learners with visual impairment, and teaching learners who are D/deaf or hard of hearing. In this presentation we will locate the short courses and massive online open courses within inclusive education policy in South Africa and discuss how these courses support the role of therapists in an inclusive education system. On the basis of course evaluations we will make some recommendations as to how these courses could be of benefit in upskilling therapists to support teachers so that they are able to include children with barriers to learning including impairment specific needs in which therapists have expert knowledge.

Carol Legg: "An exploration of clinical stressors of training speech and language therapists: Some lessons for coping with the realities of clinical practice"

Prevalence of stress is significantly higher in students of the health sciences than in students studying towards other professional degrees. This stress extends to professional life beyond graduation and is heightened in first years of clinical practice. In response, there has been a drive to develop support structures for students and an increased focus on the emotional curriculum of the health science degrees. In this talk, we present the predominant clinical challenges shared by speech and language therapy students in debriefing sessions over the course of their third and fourth year clinical training blocks. We consider the impact of these challenges to student and clinician well-being and the related strategies needed to cope with such clinical challenges in the current landscape of practice.

Jane Kelly: "Using massive open online courses to empower educators of learners with severe to profound disabilities"

Despite a sound policy framework in South Africa that supports the education of learners with severe to profound disabilities (SPD), many are still being denied their right to quality and equitable education. A key reason for this is that educators and other professionals lack the necessary training and support to adequately meet the needs of these learners. The Teacher Empowerment for Disability Inclusion (TEDI) project - a



partnership between the University of Cape Town (UCT) and Christoffel-Blinden Mission (CBM) and co-funded by the European Union and CBM – recognises this and has developed four massive open online courses (MOOCs). MOOCs have an important role to play in addressing the lack of training in this field, particularly within the landscape of in-service and continuing professional development opportunities.

This presentation will focus on the four MOOCs that the TEDI project has developed which look at disability inclusion in education, educating deaf children, educating children with visual impairment, and the care and education of children with severe to profound intellectual disabilities. The overarching aim of these courses is to empower professionals to provide quality education for learners with SPD through training that is focused on inclusivity, diversity and addressing learners' impairment-specific needs.

The TEDI MOOCs are hosted on the Coursera platform (<https://www.coursera.org/>), run over several weeks, and include short video lectures, readings, quizzes, and peer review assignments. All of the course content is released with creative commons licenses, meaning that the courses are considered open education resources. The courses have a very strong focus on disability equity and take special consideration of disability accessibility to the courses, both physical and technological.

In this presentation we will share the process of MOOC development for teacher education and present some of the preliminary findings about the uptake and participation on these courses.

Tania De Villiers, Naeemah Abrahams (SAMRC) & Sinegugu Duma (UKZN) : "Men with Conscience" to prevent sexual violence in university residences: A South African model"

Background and objectives: Sexual violence against women and girls remains a major public health issue globally. Higher Education Institutions (HEI's) such as universities are no exception. University environments, including residences, have been identified as communities at risk for sexual violence globally. Reports of sexual assaults have been made at many South African Universities, but prevention initiatives and appropriate responses to these reports is not evident. The overwhelming burden of sexual violence is borne mostly by women and children at the hands of men. The focus of this study was to engage men as partners as a strategy to prevent sexual violence in university residences. This study entailed adapting Sonke's One Man Can intervention, implementing the adapted intervention and conducting a process evaluation. A key aspect of the study was collecting qualitative data throughout the process on male students' perceptions and experiences of the intervention and sexual violence. Qualitative interviews were conducted six months' post intervention. This presentation will present data on the adaptation and development of the new intervention and how participants responded to this development. Method: A qualitative, case study design was used to conduct this study with a group of male student leaders from five different male university residences in one university in Cape Town, South Africa, using focus groups, direct observations, participants' reflections and semi-structured interviews. Thematic data analysis technique was used to analyse the data. Findings: The adaptation process led to development of a new intervention of six workshops, named by the participants as 'Men with Conscience', which indicated ownership of the adapted intervention. The workshops addressed gender norms and values, societal pressures for men's behaviour, understanding rape, bystander intervention and fostering healthy relationships. This case study and qualitative data provide some evidence of how men can engage in discussions to prevent sexual violence. Conclusions: The study shows evidence of initial change among the men and concludes with recommendations for the urgent need of sexual violence interventions within university settings. The Men with Conscious intervention is also ready to be tested in a more rigorous RCT

Sophia-Lorraine Allie, Aimee Dyamond, Christina Hiripis, Katharine Hofmeyr, Claire James, Madison Quayle, Mbali Sigwebela: "Medical Students' Knowledge of the Role of Occupational Therapy in Mental Health"

Introduction: Within mental health, occupational therapists work alongside a multidisciplinary team (MDT) to ensure that clients achieve overall health and wellbeing. However, occupational therapy services are often misunderstood within the MDT, highlighting the need for greater interdisciplinary knowledge. A means of increasing interdisciplinary knowledge, as well as promoting a more cohesive MDT, is through interprofessional learning. This research serves as an investigation into the knowledge that students studying a Bachelor of Medicine and Surgery (MBChB) have about the role of occupational therapists within mental health settings and is situated at the University of Cape Town (UCT).

Method: This study used a descriptive cross-sectional design to describe the knowledge of clinical-year Bachelor of Medicine and Surgery (MBChB) students (years four, five and six) about the role of occupational therapy in mental health. The research population was identified as all MBChB students in the years four to six at the University of Cape Town (UCT). A 49-item online questionnaire was distributed to the population through the university's online learning platform, Vula, class WhatsApp groups and a promotional poster.

Findings: The study found that the students scored highly in their overall knowledge of the role of occupational therapy in mental health. There were significant differences between the knowledge domains with students scoring the highest in Philosophy and the lowest in Referrals. A statistically significant link was found between overall knowledge of the role of occupational therapy in mental health and the gender of the students ($p = 0.05$), as well as a significant link between having met an occupational therapist/occupational therapy student while at university and the scores obtained in the Philosophy domain.

Dominique Brand: "Disability and experiences of exclusion and inclusion participation in sports participation"

The following study has utilised a biographical narrative approach to investigate the nature of sport participation by persons with disabilities through the sharing of life stories. The research has a focus on understanding the diversity of experiences of participation as experienced by participants from diverse socio-economic backgrounds.

Sport is often praised for its capacity to alleviate social exclusion however for many persons with disabilities and people stuck within the poverty cycle sport remains a site of multiple and diverse exclusionary processes. To better understand sport's wider inclusionary and exclusionary outcomes this study endeavoured to explore experiences of persons with disabilities and the assumptions, distinctions, ideologies, and research positions that constitute the conceptions surrounding sport as a means for social inclusion.

The research collected narratives of 10 participants from Cape Town, South Africa that fall within a spectrum of identifying that sport participation is important to them but also acknowledging that the opportunity to participate is not readily available.

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