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Understanding Normal Movement Workshops for Paediatric Therapists- 17-28 June 2013
submitted by Christa Scholtz (Senior OT NDT Tutor)

What keeps therapists determined to facilitate functional outcomes for the clients we work with, despite the hard physical and emotional work? There is no reward greater, as therapists, than observing and successfully facilitating movement in clients with movement difficulties. This enables us to ‘unlock’ the client’s potential to complete activities of daily living and participate in meaningful life activities.

Therapists consisting of OT, SLT and PT, as well as an Orthotist, gathered together in Johannesburg, Pretoria, Port Elizabeth and Cape Town to improve their understanding and use of Bobath/NDT theory, principles and practice by participating in focused discussions and hands on facilitation workshops.

This two day workshop was successful in introducing participants to the concept of movement analysis in the assessment and treatment of children with neuro-developmental disorders. It was a practical workshop with the focus on therapists developing their skills in observing posture and movement, with the practice of facilitating normal movement.

Kelly Reynolds, a physiotherapist and Bobath tutor with the Australian Bobath Neurodevelopmental Association, led the workshops. She has worked within the field of Neuropeadiatrics across a range of age groups and settings, including early intervention services, integrated school services and Adult disability services. Kelly completed her Bobath tutor training in October 2011. Currently, Kelly is a senior physiotherapist and team co-coordinator within the Kids Plus Foundation in Geelong, Victoria, providing a ‘Bobath-based’ therapy program for children with cerebral palsy and neuro-developmental disorders. Kelly also manages and works within a private practice, Children’s Therapy Services, providing the scope of paediatric physiotherapy. Kelly completed her Masters of Education (research) through Monash University, with a view to improving continuing professional education for health professionals. She has a commitment to supporting therapists through education, supervision and mentoring.

Christa supported the workshops and enabled participants to see the benefits of a multidisciplinary approach in practice. The relationship of the sensory-perceptual systems to motor control was emphasized and enhances successful facilitation in practice.

The branches of the SANDTA committee provided lovely venues for practising facilitation skills, building self-confidence and refining the art of facilitation. Kelly was an excellent coordinator of the groups and established a place to keep the enthusiasm going.

In 2001, Bardes, Gillers and Herman stated that:
‘Clinical diagnosis involves the observation, description and interpretation of visual information, and these skills can be developed by examining works of art.’
The workshops commenced by examining statues of children captured in motion during a game of hop-scotch. This was a useful activity to highlight the importance of observation in the assessment of movement postures and to predict the sensory-perceptual status.

Many thanks to Pam Gibbs and her team in Johannesburg, Sarita Nell and her team in Port Elizabeth, Esedra Strasheim and her team in Pretoria and Bronwyn Greager and her team in Cape Town for the excellent organization.

We all thanked Kelly for teaching us in such a manner that we never felt incompetent. She made it look so easy but now we can start practising to hopefully also develop our handling skills on a daily basis.

I would like to express my sincere gratitude to Dr. D Russel for her assistance as course administrator.

“As we express our gratitude, we must never forget that the highest appreciation is not to utter words but to live by them” (John F Kennedy)
PROVISIONAL PROGRAMME

8:00  “Randomised controlled trial of three models of intensive therapy intervention for children with cerebral palsy in rural KwaZulu-Natal”  Dr Gillian Saloojee

9:00  “Eye movements and postural alignment in children with cerebral palsy”  Christa Scholtz

10:00  TEA

10:30  “Intensive blocks of therapy: do they work? A review of 60 children seen by the Malamulele Onward team”  Nicole Whitehead

11:30  “Evaluating the evidence for our CP interventions”  Prof. Faith Bischoff

12:30  LUNCH

13:15  AGM

14:15  “A sequential methods study describing the perceptions of environmental barriers and the employment of persons with disabilities in a private healthcare company”  Nina Strydom

15:30  CLOSE

R 500 MEMBERS
R550 NON-MEMBERS
TEAS AND LUNCHES INCLUDED

RSVP BY 3 OCTOBER 2013

Complete the registration form (to be found on the website) and send it with proof of payment to Bridget at sandtanorthgauteng@gmail.com

BANKING DETAILS: Sandta North Gauteng
ABSA bank
Branch: Menlyn
Branch code: 632005
Account number: 609720018
SPECIFY YOUR SURNAME AND NAME AS REF NUMBER

Contact sandtanorthgauteng@gmail.com for more information
We are pleased to announce that the next SANDTA Congress will be hosted by the Western Cape Branch in Cape Town.

**Venue:** Tsogo Sun, Garden Court, Nelson Mandela Boulevard.

A call for submissions of abstracts will be sent out soon.

**Look out for regular updates on the SANDTA website and in future newsletters.**

## SANDTA welcomes a new Physiotherapy Tutor

The SANDTA NEC and Education Committees would like to express their heartfelt congratulations to Dianne Zeller who has qualified as a SANDTA physiotherapy tutor.

Dianne kindly wrote the following letter of introduction:

### Training

I graduated as a physiotherapist in 1993 and completed an Adult Neuro course in 1998. I went on to complete the Basic Paediatric course in 2003 and a second Basic Paediatric course in 2009. I have completed advanced courses: 2 Baby courses, Early Intervention, Advanced facilitation courses with Jean Pierre Maes and Treatment of Minimals with Pam Hansford.

### Work Experience

I spent the first 6 years of practice doing orthopaedic practice and became interested in Neuro-rehabilitation following my Adult Neuro course. In 2000, I continued to work with adults in the morning and in a paediatric NDT practice in the afternoon and was soon converted to paeds! I joined the Children's Therapy Centre and started my own private practice in 2007. I also worked at Frances Vorweg for just under a year following my second NDT course.

I was approached by Gillian Saloojee, while on a Malamulele Onward outreach, to consider training as a Tutor. It took a couple of years to get my head around the concept as well as the confidence to start the process. I started small with becoming a clinical supervisor then took the big step of committing to a second course. I started teaching on the NDT courses in 2010 and have completed the two biggest modules of typical development and classification, which qualifies me to teach the Introductory Courses. I have done parts of other modules including neuroscience, assessment, normal movement and facilitation, abnormal movement and techniques of handling. I hope to complete my training in the next 2 years.

I have learned a huge amount on this journey so far not only in terms of knowledge of NDT but also of myself and what I am capable of and it has been a positive growth experience. I currently work two days a week at Centapaeds, a multi-disciplinary practice in Edenvale, whilst continuing my private practice in Rivonia three days a week. I enjoy looking at the child as a whole and being involved in all aspects of their management.

I love cycling and have completed the Argus, 94.7 and Amashova races.

### SANDTA Duties

Member of the Education Committe with no specific portfolio as yet. I am available to act as a SANDTA Tutor for NDT/Bobath Introductory Courses.
The Test of Infant Motor Performance

by Christa Scholtz (Senior OT-NDT Tutor)

What is the Test of Infant Motor Performance (TIMP)?

The TIMP is a test of functional motor behaviour in infants for use by physical therapists, occupational therapists and other health professionals in special care nurseries and early intervention or diagnostic follow-up settings. The TIMP can be used to assess infants between the ages of 34 weeks post conceptional age and 4 months post-term. The test assesses the postural and selective control of movement needed for functional motor performance in early infancy and has been shown through research to:

1. Discriminate among infants with varying degrees of risk for poor motor outcome based on perinatal medical conditions
2. Predict 12-month motor performance with sensitivity 92% and specificity 76% and preschool motor performance with sensitivity 72% and specificity 91% at 3 months
3. Be sensitive to the effects of physical therapy provided to high risk infants in special care nurseries or home exercise programs offered to premature infants post-hospital discharge
4. Reflect demands for movement placed on infants by caregivers in daily life interactions
5. Have excellent test-retest and rater reliability in the hands of trained users.

(from http://thetimp.com)

Case study

Occupational Therapy Report:  
Infant: AB  
Test Date : 20/11/2012

Summary of the client's case history:
AB was born in hospital. She weighed 0.5 lb. She required a V-P Shunt. An infection of the shunt lead to meningitis. She also had an IV IVH bilaterally. AB was referred to my practice for early intervention immediately upon NICU discharge. Her case shows how the TIMP was used for treatment planning, goal setting, parent education and evaluation of change in motor performances over time.

Rationale for occupational therapy intervention:
The TIMP was not designed to conform to any particular conceptual framework for intervention and the test developers believe that infants' performance in the TIMP will be useful for planning interventions whether using a model based on treating impairment of postural control or one based on functional activities as the primary means of intervention.

Summary of initial assessment (including rationale for assessment tools used):
AB was assessed at the adjusted age of 14 weeks and 1 day with the Test of Infant Motor Performance (TIMP), an assessment of the postural and selective control needed for functional movement in infants. Her total raw score on the TIMP was 59.

Based on a study of 990 U.S. infants assessed at ages from 34 post conceptional age through 4 months of corrected ages, this score is 22 SD from the mean and is far below average for infants this age. Research has demonstrated that a cut-off of -0.5 SD below the mean has high sensitivity for diagnosing delayed motor development in a high risk infant population. Infants who score better than -0.5 SD have a more than 90% chance of continuing to have typical motor performance when assessed at 4-5 years of age. AB’s performance range is far below average. Her Z – score (measure of the distance from the mean) is -2.5.
Goals set:
To be able to engage socially during play whilst sitting in a supportive position with head upright.

Description of occupational therapy intervention (using the Bobath / NDT principles):
The therapist used the TIMP for treatment planning including the following goals:
- Therapist demonstrated to the mother how to hold and carry AB with support
- To roll her to the side and facilitate when being picked up
- Prone (tummy time) is crucial during the day with visual activities to encourage anti-gravity extension
- Facilitate rolling to both sides (usually can be done during diaper changes)

Sensory processing:
- Improving visual fields on both sides and register peripheral targets
- Encourage sustained eye contact for 4 seconds during play

Methods used to evaluate outcome:
After two weeks of intervention, AB was re-tested and the therapist used the same test, the TIMP for evaluation of change in motor performance over time. A significant improvement after two weeks of intensive NDT therapy was measured. The scores were as follows, after intensive intervention that consisted of mother-infant relationship using different activities during handling for ADL and play: Raw score- 104. The Z- score after intervention was: - 0.1. Because the TIMP assesses postural and selective control needed for functional activities in daily life repeated assessments with the test provides a sensitive measure of improvement with intervention. The TIMP is sensitive to the effects of a neuro-developmental treatment program.

Medical Record Keeping

This information first appeared, and can be found in full on:
It was also written up in The Specialist Forum (March 2013).

We thought it would be beneficial for our members to be reminded of the ethics and principals behind good record keeping.

Good record keeping is an important part of professional practice especially when many clinicians are involved in a patient's care.

- Medical records comprise handwritten and computerised notes, correspondence between health professionals, laboratory reports, imaging records, clinical photographs, videos and other recordings, and printouts from monitoring equipment.
- Medical records are sensitive personal data and must be kept securely to prevent damage and unauthorised access.
- Confidentiality should be carefully maintained. Medical records can usually be shared with other members of the clinical team responsible for clinical management, unless the patient objects. Access to records or the information they contain is also permissible in other circumstances but the record holder must always be prepared to justify disclosure.
- Where information from medical records is required for audit and research purposes, anonymous data should be used.
- Records should be clear, objective, contemporaneous, tamper-proof and original.
- Records should include sufficient detail for another professional to take over a patient's care. They should allow professionals to reconstruct the essential parts of each patient contact without depending on memory.
- Records that ensure continuity of care will also be adequate for evidential purposes, in the event of a complaint, claim or disciplinary action.
• **Common problems in records:** not recording negative findings; not recording the substance of discussions about risks and benefits of proposed treatments, including no treatment; not recording drug allergies or adverse reactions; not recording the results of investigations and tests; illegible, unsigned or undated entries; not consulting the relevant records when seeing a patient; making derogatory comments; altering notes after the event, wrong patient/wrong notes; using ambiguous abbreviations.

• **Medical records should be:**
  
  • **Comprehensive:** Records should include important positive and negative findings; information about the presence or absence of certain symptoms at different stages in the course of a patient’s illness; differential diagnosis, including reasons for ruling out (or preferring) a potential diagnosis; details of discussions with the patient about the risks and benefits of proposed treatments, including the risks of no treatment, costs and any information given to them; advice or warnings given to the patient; arrangements for follow-up tests, future appointments and referrals made; instructions or advice given to the patient.

  • Compulsory elements of clinical records: The HPCSA specifies the following minimum information that should be included in clinical records:
    
    - Personal particulars of the patient, including allergies
    - Time, date and place of every consultation
    - Assessment of the patient’s condition
    - Proposed clinical management of the patient
    - Medication and dosage prescribed
    - Details of referrals to specialists, if any
    - Patient’s reaction to treatment or medication
    - Test results including imaging investigation
    - Information on the times that the patient was booked off from work and the relevant reasons
    - Written proof of informed consent, where applicable

  • **Contemporaneous:** Records should be made as soon as possible so that no information is lost. If you are making an entry in a patient’s records after an event, do not back-date it; you should clearly mark it as a “late entry” using the date and time at which the entry is actually made, and referring back to the date and time of the event the notes are about. Include the reason why the entry is being made retrospectively.

  • **Comprehensible and accurate:** Ensure that as much information as possible is included in a concise and precise manner. Avoid using ambiguous abbreviations, use quotation marks when quoting someone, and write clearly. To make amendments use a single black line to cross out the error and then add the correction and your signature, name and date and time. Check each patient’s identity before consultations. Cross reference patient’s records and test results against date of birth or ID numbers.

  • **Attributable:** If you write anything in a patient’s records the HPCSA says that you must sign it and write your name in block capitals. You should also record the date and time and, in the case of hospital records, your phone number. As well as writing good records professionals should file information in a clear way that allows information to be found easily. Important information should be highlighted.
Introducing services supporting people with Cerebral Palsy

The focus of this segment is to increase awareness of services available around the country, enhance referrals and create networking opportunities between NDT therapists. If you would like your service to be featured please contact sandtanewsletter@gmail.com.

Gauteng: Government Hospitals

**Service Sites for clients with Cerebral Palsy in Gauteng Province**

Most institutions will see the younger child (usually under 6 years old) & then refer for school placement.

**KEY:**  
R = referred to (may be at another institution), Y = Yes, * = NDT trained

<table>
<thead>
<tr>
<th>Region</th>
<th>Name of Institution</th>
<th>Physical Address</th>
<th>Telephone Number</th>
<th>Services offered for clients with Cerebral Palsy</th>
<th>Team members</th>
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<td>Tshwane</td>
<td>Dr. George Mukhari Hospital</td>
<td>3111 Setlogelo Drive, Ga-Rankuwa, Pretoria</td>
<td>012-521-3371</td>
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<tr>
<td>Tshwane</td>
<td>Kalafong Hospital</td>
<td>1 Klipspringer Road, Atteridgeville, Pretoria</td>
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<tr>
<td>Tshwane</td>
<td>Tshwane District Hospital</td>
<td>Dr. Savage Drive, Pretoria</td>
<td>012-354-5633</td>
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<td>Tshwane</td>
<td>Tshwane Rehabilitation Hospital</td>
<td>Corner of Dr. Savage &amp; Soutpansberg Road, Pretoria</td>
<td>012-354-6803</td>
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<td>Tshwane</td>
<td>Stanza Bopape Clinic</td>
<td>Shilovane Road, Mamelodi East</td>
<td>079-696-8598</td>
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<td>Charlotte Maxeke</td>
<td>23 Jubilee Street, Parktown, Johannesburg</td>
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<td>Johannesburg Academic</td>
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<td>Chris Hani Baragwanath</td>
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<td>Academic Hospital</td>
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<td>Edenvale Hospital</td>
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<td>011-3216130/45</td>
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<td>South Rand Hospital</td>
<td>1 Ferns Hill, Rosettenville</td>
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<td>Helen Joseph Hospital</td>
<td>Auckland Park</td>
<td>011-489-0823</td>
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<td>Lenasia Clinic</td>
<td>Bendle Street, Zola</td>
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<td>Rabie Ridge Clinic</td>
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<td>Bona Lesedi Diepsloot Clinic</td>
<td>Ext 2 Diepsloot</td>
<td>011-464-7342</td>
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<td>Pholosong Hospital</td>
<td>106S Ndaba Street, Tsakane</td>
<td>011-812-5220</td>
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<td>Tembisa Tertiary Provincial</td>
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<td>Hospital</td>
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<td>Natalspruit Hospital</td>
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<td>Tembisa Health Care Clinic</td>
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<td>Heidelberg Hospital</td>
<td>Corner of Hospital &amp; Unie Streets</td>
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<tr>
<td>Kapanong Hospital</td>
<td>02 Casino Road, Duncanville, Vereenings</td>
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<td>West Rand</td>
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<td>Leratong Hospital</td>
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<tr>
<td>Dr. Yusuf Dadoo Hospital</td>
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<td>011-951-6014</td>
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SANDTA Bobath/NDT courses

Introduction to the assessment and treatment of children with cerebral palsy

This 5-day Introductory Course is aimed at physiotherapists, occupational therapists and speech therapists working with children with cerebral palsy in clinics, public service hospitals or institutions. The course is specifically targeted at community service therapists and junior therapists. This course will help therapists to effectively assess and manage children with cerebral palsy within a busy public service setting.

All courses require full attendance for certification and all are accredited for 35 CEUs. The following courses are planned for 2013:

<table>
<thead>
<tr>
<th>DATE</th>
<th>VENUE</th>
<th>COURSE LEADER</th>
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<tr>
<td>26 – 30 August 2013</td>
<td>Cape Town</td>
<td>Doris Mbuyu</td>
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<tr>
<td>2 – 6 September 2013</td>
<td>Johannesburg – Frances Vorweg School</td>
<td>Doris Mbuyu</td>
</tr>
<tr>
<td>14 – 18 October 2013*</td>
<td>Johannesburg – Children's Memorial Institute, Braamfontein</td>
<td>Dr. Gillian Saloojee</td>
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</tbody>
</table>

* This course will only be run if there is sufficient demand. There is a possibility that it could be held outside of Johannesburg if there is interest from another centre.

Cost: R2400
Contact person: Mary Murray
  e-mail: mary.murray@mtnloaded.co.za
  Cell: 083 462 6240
  Fax: (011) 892 3893

2014 Basic paediatric NDT/Bobath Course

The Basic Course is open to physiotherapists, occupational therapists or speech therapists with at least two years full-time/equivalent postgraduate experience in the treatment of children with cerebral palsy. It is an intensive course presented at postgraduate level and is based on the course presented by EBTA (European Bobath Tutors Association). It has been modified to some extent to meet local conditions. SANDTA courses are recognised internationally.

It is recommended that course applicants should have first attended the five day Introductory Course in the Assessment and Management of Children with Cerebral Palsy. This is not compulsory, simply a recommendation. For the course to be more meaningful and to develop the skills acquired during the course, it is essential for therapists to be working with children before and immediately after the course.

The curriculum includes a comprehensive study of typical child development, the different types of cerebral palsy and their impact on development, and analysis of movement - both theoretical and practical. Other aspects covered include - aetiology, neuropathology, neurophysiology, surgery, splinting and positioning. The course also covers the specific Occupational therapy and Speech therapy aspects of the problems encountered by children with cerebral palsy.

This course includes treatment and practical handling sessions in which participants are expected to participate. During the course participants will be assessed on their written work, practical work and verbal presentations.

This course will have a combination of distance based teaching of certain modules and 8 weeks contact teaching to give more time to the practical aspects of the course. Participants will need access to a computer and the internet in order to complete the distance based section of the course.
Please note that FULL attendance of the course is a requirement for certification.

A more detailed course profile can be downloaded from the website at www.sandta.org.za

**Category:** Basic Paediatric  
**Type:** 8 Week Bobath NDT Course  
**Course Date:** 3 – 28 February (1st block)  31 March - 11 April (2nd block)  2 – 13 June (3rd block)  
**Apply By:** 7 September 2013

**Applications will then be assessed (as per experience etc) and you will have heard if you are accepted on the course by 15 September 2013.**

**Venue:** Is still to be confirmed but it will be in Johannesburg  
**Presenter:** Mrs Doris Yogolelo Mbuyu - SANDTA Tutor  
**Provisional Cost:** R13200.00 (SANDTA members)  
R14520.00 (Non SANDTA members)  
R16500.00 (Therapists outside Africa)

After acceptance, you can pay upfront but the securing deposit of R 4400 will be due by the 31 October 2013.

**Contact:** Lerato Mohlabi  
**Email:** sandta.edcom@gmail.com  
Tel: 0822223423 (SMS preferred) / Fax: 0865402479

**Reminders:**

**Financial assistance offered to SANDTA members**

SANDTA offers members the opportunity to apply for financial assistance for attending **continuing professional development events** (such as congresses and other national or international events associated with Bobath/NDT) or for funding towards **research projects** as a part of postgraduate degrees.

Deadlines for applications are the last Friday of February, May, August and November.  
The financial assistance application process can be found on www.sandta.org.za- 'Member's section'- 'Protocols and procedures'.

**Advertising via SANDTA**

For details of advertising via SANDTA please see www.sandta.org.za- 'Member's section'- 'Protocols and procedures' or contact sandtanewsletter@gmail.com.

<table>
<thead>
<tr>
<th>Advert Option</th>
<th>Cost- Member</th>
<th>Cost- Non-member</th>
<th>NGOs &amp; centres supporting CP</th>
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<tr>
<td>Advert posted on SANDTA website</td>
<td>R210</td>
<td>R315</td>
<td>R100</td>
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<tr>
<td>Advert as sms/email</td>
<td>R265</td>
<td>R380</td>
<td>R155</td>
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<td>Advert on website and sent as sms/email</td>
<td>R410</td>
<td>R620</td>
<td>R200</td>
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CPD articles on the SANDTA website

We encourage you to access the CPD articles available to SANDTA members on the website (www.sandta.org.za). By reading an article and answering the multiple choice questions you can earn 3 CPD points. New articles have been loaded and can be accessed until the end of the year:

1) Efficacy of Constraint-Induced Movement Therapy for children with Cerebral Palsy with asymmetric motor impairment
   **Author:** Taub, E et al (2004) **Source:** Pediatrics 2004; 113; 305

2) The EXCITE Stroke Trial, Comparing Early and Delayed Constraint-Induced Movement Therapy
   **Author:** Wolf, L et al (2010) **Source:** AHA Journals 101161

3) Self-efficacy and self-management after stroke: a systematic review
   **Author:** Jones F & Riazi A (2011) **Source:** Disability and Rehabilitation 33 (10) 797-810

4) The Rehabilitation Model of Care: When Old Becomes New
   **Author:** Stolp K (2011) **Source:** American Academy of Physical Medicine & Rehabilitation (3) 289-292

5) Virtual reality games for rehabilitation of people with stroke: perspective from the users
   **Author:** Lewis GN et al (2011) **Source:** Disability and Rehabilitation: Assistive Technology 6(5) 453-463

6) Applying the ICF-CY to identify children's everyday life situations: A step towards participation-focused code sets International
   **Author:** Adolfsson M (2012) **Source:** Journal of Social Welfare ISSN 1369-6866 1012

7) Applying the International Classification of Functioning, Disability and Health (ICF) to measure childhood disability
   **Author:** Simeonsson RJ (2003) **Source:** Disability and Rehabilitation (25) 602-610

Online CPD Procedure

The current set of seven academic articles are available until the end of December after which a new set will be loaded. The website features online submission of CPD article answers with instant scoring of your multiple choice answers. Each article is accredited with 3 CPD points.

**Steps to follow:**
- Go to www.sandta.org.za
- Go to the 'member's section' and log in with your SANDTA membership number and password.
- Select the CPD article by clicking the 'more' button associated with the article you wish to access.
- Download or open the article by clicking the 'view article' or 'download article' button.
- Read the article.
- Answer the articles questions displayed on that article's page and submit.
Please ensure that your email address on your SANDTA website profile is correct.

**Branch Contacts**

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**Free State**
Marieta Visser
VisserMM@ufs.ac.za

**Free State Goldfields** (interest group)
Rina van Zyl
vZylCR@fshealth.gov.za

**Submissions for the SANDTA newsletter**

To simplify editing please use Word documents or plain text
- Paper size – A4
- Font: Arial
- Font size: Titles 14 pt.

Any photos/pictures to be sent separately from the text with a labelled text box in the document at insertion point.

**Newsletter deadline**

Submissions for the newsletter must reach the editor by **30 October 2013**

Please email submissions to sandtanewsletter@gmail.com

**Contact details for all National SANDTA administration queries:**
- email: office@sandta.org.za
- phone: 051 436 8145
- fax: 051 436 636
- fax to email: 086 275 2869

Please let the office know of any changes to your contact details. Kindly also send a copy to your local branch.

Members are reminded to log on to www.sandta.org.za to update your profile. This is a useful way of contacting other NDT professionals and making referrals. It also allows the association to communicate regularly with members.