SANDTA

SOUTH AFRICAN NEURODEVELOPMENTAL THERAPY ASSOCIATION

Newsletter

MAY 2013

SANDTA NEC

Chairperson:
Nina Strydom
084 5661281
nina.strydom@lifehealthcare.co.za

Vice Chairperson:
Dorothy Russell
083 375 5058
russeldc@ufs.ac.za

Treasurer:
Carol Brenner
083 2796443
treasurer.nec@gmail.com

Secretary:
Elisabeth Barry
083 3088373
elisabethbarry1@gmail.com

CPD Co-ordinator:
Dorothy Russell
083 375 5058
russeldc@ufs.ac.za

Education Representative:
Christa Scholtz
086 2931956
hayjuba@lantic.net

Branch Liaison:
Andrea Fourie
0723686501
andrea.l.fourie@gmail.com

Newsletter:
Shelagh Hughes
084 6864571
sandtanewsletter@gmail.com

Website:
Shelley Broughton
082 4123310
shelley@thebroughtons.org

CONTENTS

SANDTA NATIONAL CONGRESS
POSTPONED TO 2014.............................................2

SANDTA TREASURER REPORT
FINANCIAL YEAR END- JUNE 2012.........................2

DOROTHY RUSSELL- PH.D.....................................3
The impact of the ‘Developmental Resource Stimulation
Programme’ on children with Down Syndrome

FEEDBACK FROM 2012 BASIC COURSE..............3

FEEDBACK FROM 4TH INTERNATIONAL
CP CONFERENCE- GILLIAN SALOOJEE.............5
INCLUDING ABSTRACTS FOR:
- A short focused intensive therapeutic
  strategy significantly improves outcomes
  for poor, rural children with CP.......................6
- Nutritional status of children with CP in a
  poor peri-urban African community setting..........7

NEWS FROM ED COMM:
AUS, NZ & SA TUTORS MEETING..........................7

REVIEW OF CP SERVICES.................................8

ONLINE CPD ARTICLES.................................10

NDT/BOBATH COURSES.................................11

REMINDERS:
- FINANCIAL ASSISTANCE
- ADVERTISING VIA SANDTA...........................12

BRANCH CONTACTS
& GENERAL INFORMATION............................13

SANDTA OFFICE CONTACT DETAILS
Lalique Smit
Tel 051 436 8145
Fax 086 275 2869
Email office@sandta.org.za
Website www.sandta.org.za

SOUTH AFRICAN NEOURODEVELOPMENTAL THERAPY ASSOCIATION NEWSLETTER
SANDTA Congress Postponed until 2014

Due to logistical challenges, it has been decided to postpone the next SANDTA congress from October 2013 until the second half of 2014, still to be held in Cape Town. This will ensure that we are able to accommodate a fantastic panel of international speakers as a part of a well organised event.

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

Treasurer Report for Financial Year End- June 2012

Due to the delay with auditors, the financial statements were unavailable during the Annual General Meeting held in Port Elizabeth in October 2012. The audited financial statements for the 2011-2012 financial year have now been loaded on the SANDTA website under the members-only page.

- Administration fees increased as we implemented a stable and efficient office system based in Bloemfontein and run by experienced personnel.
- The Education Committee account was high due to unforeseen expenses and inadequate budgeting.
- IT expenses were high with the upgrade and implementation of a more streamlined and efficient website. We feel this was money well spent.
- Despite some unforeseen increases in expenditure, we managed to increase our income by introducing advertisements for neuro-related events, sales and jobs through the website and sms system.
- Our investment account generated good interest on a monthly basis.
- We ended with a healthy profit (R52650) which we have ploughed back to a members' fund for education and research this current financial year.

Please contact me if you have any queries on treasurer.nec@gmail.com.

Thank you to all the old and new members who have paid their fees and are up to date now. We had a good response to the requests at the end of last year and trust that the data base is now up to date. Please continue to amend contact details on the website to ensure you receive all correspondence. We hope to email invoices for 2013-2014 to members by the end of June this year. If you have any problems with your account please contact Lalique and Marianne in the SANDTA office (office@sandta.org.za).

Thank you to all who assisted me with the finances, the website and the running the office in the 2012 financial year.

Carol Brenner
(SANDTA Treasurer)
Congratulations, Dorothy!

Dorothy Russell, SANDTA’s vice-chairperson and CPD co-ordinator, has successfully completed her Ph.D. Congratulations on this huge achievement.

Below is a summary of her research:

THE IMPACT OF THE 'DEVELOPMENTAL RESOURCE STIMULATION PROGRAMME' ON CHILDREN WITH DOWN SYNDROME

Dorothy C Russell

Promoter: Dr S.M. van Heerden. Co-Promoters: Dr S. van Vuuren and Prof. A. Venter. Biostatistician: Prof. G. Joubert

The effect of stimulation programmes on children with Down syndrome is necessary especially with a South African impetus. This study was an attempt to investigate the impact of an intensive early-intervention programme, the Developmental Resource Stimulation Programme (DRSP), on Down syndrome children younger than 42 months in the South African context.

The Developmental Resource Stimulation Programme (DRSP) was developed by the researcher to assist in the management of early intervention of the child with Down syndrome over a period of 20 years. The DRSP is a unique, child-parent specific, one-on-one, integrated developmental programme for children with Down syndrome from birth to 42 months. Each activity of the DRSP is designed to accomplish specific activity performances in developmental domains, appropriate to the child’s ability for different age band groups younger than 42 months. The activities comprise cognitive, motor, sensory and language skills, as well as activities found in everyday living. The Developmental Resource Stimulation Programme was compared to Occupational Therapy Practice Framework.

A quantitative approach with an experimental and descriptive study design was followed, to confirm results and enhance the reliability and validity of the study. The measurable attributes of the DRSP, including the participation of the parents were the focus. The Bayley Scales of Infant and Toddler Development (3rd edition) and DRSP checklists were used in a pre-test and post-test to measure the effect of the DRSP.

The results of this study showed that a specifically designed programme with participation of a parent has a positive impact on the development of the child with Down syndrome. Contrary to the literature, there were positive changes in the language, fine-motor and >9-month gross-motor development of children with Down syndrome. The DRSP with specific goals indicated to be an attribute in the early-intervention process. The results emphasised the holistic approach, rendered by an occupational therapist in Down syndrome early intervention.

Feedback from the 2012 Basic NDT/Bobath Course

Although the 2012 basic course finished over 6 months ago, it is not too late to let you know how it went. The course took place in Johannesburg in one block of 8 weeks, with a long weekend in the middle. For the first time, a distance based component was introduced into a basic course. The SANDTA Education Committee recognizes that 8 weeks is a long time for therapists to be away from work and from home and so we are trying to reduce the number of contact hours without reducing the content of the course.

Despite teething problems with getting all the material on-line in time and some therapists not having access to a high-speed internet connection everyone involved said that this was the
way to go and we will be making more use of the electronic medium in our basic 8 week courses.

The 2012 Basic Course led the way into the electronic age – they set up their own Facebook page and shared information and tips with regard to the on-line course material. By the time the course started, they knew each other pretty well!

One of the participants, Nicole Whitehead kindly wrote her impressions of the course:
What a wonderful time we all had. It is so difficult to put everything down on paper but we had such an exceptional, unforgettable course. The course started with many of us being quite apprehensive and nervous especially of failing and of all the hard work that lay ahead of us. We had already had a taste of what we were in for, with pre-course assignments that had to be submitted, so we knew we were in for eight tough weeks.

We quickly realized that we were going to be working hard. Lectures were informative but draining and practicals were difficult because of learning how to think in a new way and having to use different handling skills. We all realized that there is no such thing as personal space or shyness when taking part in the course and by the end of eight weeks we were all exceptionally comfortable in facilitating one another.

There were numerous highlights during the course, too many to even mention. We had such fun. The clinical practicals were so rewarding especially seeing how you can bring about change using very specific handling techniques. Watching the treatment demonstrations was inspiring. The community practical was certainly a highlight and it was touching to see how we can really make a difference. Speech week was filled with laughter with all Corneli’s jokes and who can forget how Elbe said “it’s my body and I’m ok with it”. Having the opportunity to be lectured by Sarah Foley was also a definite highlight. And who can forget all the socializing and fun after hours- Moyo, the Neighbourgoods market, Kai Thai, the movies, Indian food, but to name a few. The final lunch in Soweto was the ultimate end to an incredible 8 weeks- no one will forget Dani and Magugu dancing to Hai Pata Pata.

Even though lots of fun was had, there was a lot of seriousness as well. Hard work was put in to ensure assessments and assignments were well written and handed in timeously and everyone made every effort to ensure that they were learning as much as possible.

We have all walked away from this course with an amazing set of skills. We now have “Bobath eyes” (as Sarah would say) and can analyse adequately, determine what is interfering with the child’s movement and function and can set appropriate goals. We have also been given the tools to influence change which is really incredible. All of this is due to Gillian’s incredible commitment to teaching us and ensuring that we were always learning. The other tutors on the course are also not to be forgotten – Meqdad, Doris, Dianne, Corneli, Sarah, Christa. We are so grateful to everyone who played a part in our learning, so THANK YOU. We have all realized that we can make a difference in the life of a child with cerebral palsy and more importantly we have all realized that we can make movement possible.
Two months after the course, Nicole wrote a follow-up note on how she had been able to implement her new-found skills and knowledge:

The course has truly equipped me with the most amazing skills and there are just too many positive things that have happened since being on the course and I wanted to let you know of a few.

My assessment skills are so much better. It is so much easier for me to now look at a child and know what to treat. I have taken Sarah Foley to heart and have started using standardized assessments. I now try and use the GMFM on all the children and that has made an incredible difference. I also now measure range on a lot of the children. The children seem to show improvement within the sessions and the treatment effects seem to last which is amazing. The parents have been so happy.

Yesterday I started a block session with a little girl who has spastic quadriplegia. I have been treating her since 2010 and have not seen much change. Yesterday we performed a full video assessment and analysed it carefully. We set up goals with the mother and started treatment today. Her mom wants her to be able to sit. Today treatment started. We decreased her tone and activated her trunk. At the end of the session she could sit propped for 5 seconds. Her mom was so happy, she started crying - she couldn't believe what had happened. I was so touched. I can't wait to see what the rest of the week holds in store.

This is just one story and there are so many more. I think I also have an amazing supportive team that have really helped me as well. I want to thank you again for an amazing course and for teaching me such incredible skills. I am so motivated to do even more and just wish there was more time in the day and week to do more. It really has been such an amazing time.

Feedback: 4th International CP Conference- Italy, October 2012

by Dr. Gillian Saloojee, Senior SANDTA Physiotherapy Tutor

The excitement of attending an international CP Conference was matched only by the apprehension of presenting two oral papers to an international audience. It did not help that I had been scheduled to do both presentations in the same session, but in different venues. I don't think I have ever spent so much time preparing for such a short talk. It would not be an exaggeration to say that 1 hour of preparation went in for each minute of the presentation (ie 10 hours of work for a 10 minute presentation!!) Why, oh why, do we do this to ourselves – going way out of our comfort zones and into unchartered territory. I guess because if you don't stretch yourself and take a risk, you will never grow.

So I reckon I did a lot of growing last October and returned to South Africa richer for the experience. I am grateful to SANDTA and to Malamulele Onward for making it possible to attend this wonderful conference. Three days of the world's experts talking about every aspect under the sun regarding CP. From robots to saliva control; pain to cognition; hips to hands; skeletal muscle fibre development to cell based therapy, pre-term babies to adults – it was all there. So much to choose from, so much to learn.

One article is not going to do justice to telling you about the conference, so I am going to do a three part series for the newsletter. This first part simply shares with all SANDTA members the abstracts that I presented whilst the next two parts will touch on a few of the aspects I found fascinating.

My first presentation was on nutrition and cerebral palsy and was based on a study I had undertaken in Orange Farm several years ago. To be honest, I thought it would be a pretty dry
kind of presentation so I was surprised to receive lots of questions, especially from a group of researchers in Norway. They were amazed that I had such a lot of data about children with CP and I realized how fortunate we are in South Africa to have a relatively large population of children with CP and how little is known about growth curves of children with CP in disadvantaged settings.

My second presentation was on the outcome of a study Malamulele Onward undertook in the Vhembe district of Limpopo where children at one hospital acted as controls for a group of children at another hospital who received the Malamulele Onward model of five days of intervention. Results from this study really demonstrated the positive impact of just five days of Bobath-based therapy. I had thought that here in South Africa, we worked in remote areas until I heard the presentation from an Australian doctor where remote means 3000 km away from the nearest centre!

GILLIAN’S ABSTRACTS:

A SHORT FOCUSED INTENSIVE THERAPEUTIC STRATEGY SIGNIFICANTLY IMPROVES OUTCOMES FOR POOR RURAL CHILDREN WITH CP

G Saloojee, PhD
Executive Director, Malamulele Onward

Background: Addressing the largely unmet therapy needs of children with cerebral palsy (CP) living in poorly-resourced settings is a challenge requiring creative strategies.

Aim: To investigate the effects of a focused once-off intervention model on the functional performance of children with CP with limited access to regular therapy living in a poor, deeply rural South African district.

Study participants: Twenty children with moderate to severe CP received the intervention at one hospital. They were matched for age and Gross Motor Function Classification System (GMFCS) level with 19 children who continued their usual 45-minute, once-monthly therapy sessions at a second hospital in the same district.

Method: The intervention comprised: (i) five consecutive days of Bobath-based neurodevelopmental therapy; (ii) provision of appropriate equipment; and (iii) caregiver training. Children were assessed at baseline, immediately post-intervention and eight weeks later. Child and caregiver related outcomes were measured using validated tools.

Results and discussion: There was a statistically significant improvement in Gross Motor Function Measure-66 (GMFM-66) and Pediatric Evaluation Disability Inventory (PEDI) scores for the intervention group from baseline to follow-up (GMFM-66 mean change=3.41, 95% Confidence Interval (CI) = 1.10–5.07, p=0.004; PEDI mean change=3.10, 95%CI = 0.72–5.47; p=0.01). Caregiver outcomes as measured by the Family Support (FSS) and Mental Health Scales (MHS) also improved significantly (FSS mean change=3.20, 95%CI = 0.87–5.52, p=0.01; MHS mean change=10.00; 95%CI = 8.79-19.12; p=0.03). No changes were seen in the control group for any of the outcomes.

Conclusion: This study offers the first evidence that in poorly resourced settings where access to regular therapy is limited, a brief, intensive, once-off intervention can significantly improve children’s functional performance and caregivers’ well-being, in the short-term. Further exploration of this innovative approach to address the massive unmet needs of children with CP living in disadvantaged settings globally appears warranted.
NUTRITIONAL STATUS OF CHILDREN WITH CEREBRAL PALSY IN A POOR PERI-URBAN AFRICAN COMMUNITY SETTING

Gillian Saloojee, PhD
Department of Physiotherapy, University of the Witwatersrand, Johannesburg.

Background: The extent of malnutrition in children with cerebral palsy in a disadvantaged African setting has not previously been described.

Aim: To compare the nutritional status of children with cerebral palsy with that of their siblings and able-bodied neighbours living in a poor informal settlement near Soweto, South Africa.

Method and subjects: A community based study was undertaken and snowball sampling used. Two controls, an able-bodied sibling nearest in age and an able-bodied neighbour of the same sex and similar age were recruited for each child. Anthropometrics were measured by trained field workers. Tibial length and halfspan were used to predict height in children unable to stand.

Results and discussion: 77 children with CP across all five Gross Motor Function Classification System levels; 52 siblings and 72 neighbours were enrolled. The table below presents the pertinent data.

<table>
<thead>
<tr>
<th></th>
<th>No.</th>
<th>Age (months)</th>
<th>Underweight (weight for age &lt; -SD) %</th>
<th>Stunted (height for age &lt;-2SD ) %</th>
<th>Wasted (weight for height &lt;-2SD) %</th>
<th>Obese (BMI &gt; +2SD [age ref]) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child with CP</td>
<td>77</td>
<td>105</td>
<td>31.2</td>
<td>54.5</td>
<td>15.5</td>
<td>1.3</td>
</tr>
<tr>
<td>Sibling</td>
<td>52</td>
<td>83</td>
<td>1.9</td>
<td>13.9</td>
<td>6.2</td>
<td>5.6</td>
</tr>
<tr>
<td>Neighbour</td>
<td>72</td>
<td>105</td>
<td>1.4</td>
<td>19.3</td>
<td>2.7</td>
<td>6.9</td>
</tr>
</tbody>
</table>

Children with CP were statistically significantly more likely to be underweight (p=0.00, p=0.00), stunted (p=0.00; p=0.00) and wasted compared to the respective controls and less likely to be obese (p=0.00; p=0.00). Stunting and obesity rates in controls were similar to national data, while underweight rates were much lower (national=9%). Although half the children with CP were unable to feed themselves, 73% of carers were unconcerned about their child’s feeding abilities whilst 43% expressed concern regarding the child’s weight.

Conclusion: Children with CP in this low-resourced setting were at high risk for malnutrition compared to siblings and neighbours, underlying the importance of a regular review of their nutritional and feeding practices.

Gillian received financial support to attend this conference from the SANDTA members’ financial assistance programme

News from SANDTA Education Committee:

Australia, New Zealand and South African Tutors meet in Brisbane

Thanks to the support from the Australian Bobath NDT Association (ABNDTA), Gillian Saloojee was able to spend a week in Brisbane last year where she participated in two days of intense discussions with the Australian and New Zealand tutors prior to attending the Australasian Academy of Cerebral Palsy Conference.
This informal tutors meeting was a wonderful opportunity to share ideas and experiences regarding the 8 week and intro courses. All three associations are working together to develop the on-line course material for the basic course.

With laptops and course notes spread around the table, it was talk, talk, talk! From L to R: Kelly Reynolds (inset) from Australia, Gillian Saloojee, Anne Recordon (New Zealand); Sarah Foley (Australia); Kate Hedges (New Zealand) and Carolyn Simmons Carlsson (Australia).

Heading off the conference by ferry each morning – from L to R: Kate Hedges, Anne Recordon, Carolyn Simmons Carlsson, Sarah Foley, Kelly Reynolds and Gillian Saloojee.

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:
Private Practice

Hayley Ostrofsky Physiotherapy Practice

Hayley Ostrofsky qualified as a physiotherapist from WITS University in 2004. She then completed her community service at Helen Joseph Hospital in Johannesburg. After working in various areas of physiotherapy, she decided her passion lay with paediatrics.

In 2010, she completed her Neuro Developmental Therapy(NDT)/Bobath course through SANDTA. Hayley treats a variety of paediatric conditions including: Cerebral Palsy, Developmental delay, Low muscle tone, Acute and chronic chest conditions e.g. pneumonia, asthma. The treatment sessions are child specific, goal directed and fun. Therapy is administered through play and together with the family or caregivers. We tailor functional and fun home programs. Hayley works closely with other paediatric health care professionals.

Website: www.oskophysio.co.za
Gauteng:
Private Practice

CentaPaeds
the centre for paediatric therapy

CentaPaeds Therapy Centre is a paediatric centre in Johannesburg that provides an integrated, multi-disciplinary treatment approach for babies and children using modern treatment techniques in a fun and supportive environment.

At CentaPaeds, the participation of the parent or caregiver is essential to our approach. The family plays an active role in therapy and management is centered on the needs and goals of the child and family to make the therapy meaningful and effective.

CentaPaeds treats a range of conditions - from low muscle tone to genetic disorders. We embrace an early intervention approach, as the sooner therapy starts, the more beneficial it will be for you and your child.

CentaPaeds offers physiotherapy, speech therapy, occupational therapy, psychology and developmental medicine. Our therapists work together to ensure treatment is holistic and streamlined.

If you are concerned about your child’s development, or your child has been diagnosed with a developmental delay or disability then contact us today! Our experienced staff can help answer your questions, address your concerns and most importantly ensure your child reaches his / her best potential.

CentaPaeds Therapy Centre
011 453 2624 or 073 023 1681
58 First Avenue,Dunvegan/Edenvale, Johannesburg, Gauteng
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.
Bobath/NDT courses planned for 2013

**INTRODUCTION TO THE ASSESSMENT AND TREATMENT OF CHILDREN WITH CP**
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>
</tr>
</thead>
<tbody>
<tr>
<td>6 – 10 May 2013</td>
<td>Pretoria</td>
<td>Dr. Gillian Saloojee</td>
</tr>
<tr>
<td>13 – 17 May 2013</td>
<td>Johannesburg – Children's Memorial Institute, Braamfontein</td>
<td>Dianne Zeller</td>
</tr>
<tr>
<td>27 – 31 May 2013</td>
<td>Port Elizabeth</td>
<td>Dr. Gillian Saloojee</td>
</tr>
<tr>
<td>26 – 30 August 2013</td>
<td>Cape Town</td>
<td>Doris Mbuyu</td>
</tr>
<tr>
<td>2 – 6 September 2013</td>
<td>Johannesburg – Frances Vorwerg 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>
</tr>
</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

**ADVANCED BABY COURSE- 2013**

Don't wait, space is limited to the first 26 qualified applicants who successfully complete the registration process. A waiting list of interested applicants will be maintained in the event of cancellation.

**Date:** 25 November 2013 - 6 December 2013  
**Venue:** Pretoria  
**Amount:** R6000.00  
**CPD Acc:** SLH005/005/03/2013 (Level 3: 30 CEU's)

**Teaching team:** Lois Bly – Physiotherapist, an internationally respected NDT Coordinator-Instructor and clinician  
Christa Scholtz – Occupational Therapist, Senior Bobath Tutor  
Karien Marais – Speech Therapist, Bobath Tutor

**Prerequisites for Course Admission**
Therapist must be a qualified Physiotherapist Therapist, Occupational Therapist, or Speech/Language Pathologist that has successfully completed the 8 weeks Basic Paediatric course. Therapist should have at least one year of professional experience after completed the 8 week Basic course with infants, one year and younger (highly recommended) and children with cerebral palsy and related neuromotor disorders. Therapists should have the physical ability to participate in all aspects of this course and be registered with the HPCSA and SANDTA.

**Cancellation Policy:** After you have been accepted you will receive information regarding payment. No refunds after August 1, 2013. If this course is cancelled for any reason, you will receive a full refund. Please fill in application form (found under courses on www.sandta.org.za) and email to hayjuba@lantic.net.

**Closing date for applications:** 15th May 2013
**MOVEMENT FACILITATION WORKSHOPS- 2013**

This two day workshop is designed to introduce participants to the concept of movement analysis in the assessment and treatment of children with neurodevelopmental disorders. Participants will be able to describe key components relating to the analysis of postures and movement sequences and learn how to facilitate movement with the opportunity to practice handling skills. It is a practical workshop with the focus on therapists developing their skills of observation of posture and movement, with the practice of facilitation of normal movement. Numbers are limited. This workshop is suitable for all paediatric therapists.

**Save these dates and book ASAP for a place:**
Johannesburg: 17 – 18 June 2013
Pretoria: 20 – 21 June 2013
Port Elizabeth: 24 – 25 June 2013
Cape Town: 27 – 28 June 2013

**Workshop leaders:** Christa Scholtz (Senior Occupational Therapy Bobath Tutor) 
Kelly Reynolds (Physiotherapy Bobath Tutor, ABNDTA)

**Cost:** R980.00 for SANDTA Members and R1150.00 for non SANDTA members

The registration form and contact details can be found under courses on the SANDTA website. For more information contact Dorothy Russell on russeldc@ufs.ac.za.

---

**2014 BASIC PAEDIATRIC NDT/BOBATH COURSE: FIRST NOTICE**

If you are interested in applying for the 2013 Basic Paediatric Course, please send an e-mail with your contact details to Mary Murray (mary.murray@mtnloaded.co.za). You will then be placed on a waiting list and course details and an application form will be sent to you as soon as the course has been finalized.

Course details have not yet been finalized. It will be led by Dr. Gillian Saloojee and will take place in Johannesburg. The format will either be two blocks(first block of 4 weeks and a second block of three weeks) over a period of 4 months (March – June), OR in three blocks (first block of three weeks; second and third block each of two weeks) over a period of 6 months (March – August). As the course has not yet been finalized, you are welcome to state your preference!

All course participants will need access to the internet as the pre-course work will all be posted on the internet and assignments will have to be submitted electronically.

---

**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.
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 July 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 436636
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.