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R HealthBeat

Quarterly Health Magazine - Vol.13, Apr. 2017



**Social behaviours
for independent living**

**Tips for future
caregivers**

***Disability:
A state of mind***

***Boundless
Learning***

**Community
based
rehabilitation**

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From the Editor's Desk

Hello Readers,

Adversity and shortcomings are an inevitable part of life; what matters is how we overcome these and realize our full potential and goals. At Reliance General Insurance, we have always lived by this tenet and motto of *"Where there is a will, there is a way"*.

“ *Let me introduce you to our anniversary "Special Edition" R HealthBeat Vol. 13 on the differently "abled" individuals who through their stories of courage and persistence have inspired us to put our best foot forward* ”

At the outset let us take a sneak peak into the world of differently-abled by diving into what is that exactly constitutes the shortcomings of an individual from a health perspective in *'The World of Differently Abled'* and *'The Rollercoaster of Diagnosis'*.

Furthermore we need to take inspiration from the courageous individuals who have transformed their weaknesses to strengths and have endured through time in *'Disability: A state of mind'*.

We, as families of our kin, who have undergone or are by birth the part of the differently-abled community need to know how to take good care of them which is precisely what *'The body unlimited'* and *'Tips for your future care giver'* entails.

An increase of physical activity is commonly recommended to those with physical disability, but it is necessary to distinguish competitive sport from fitness programs, remedial gymnastics and active recreation. Potential benefits of enhanced activity and psychological gains are reviewed in *'Sport your Wheelchair'* including the sports that can be played by a wheelchair bound person.

Smart technology advances for an easy living to overcome the shortcomings of the daily routine are explained in *"Assistive Tech"*.

Lastly it is our responsibility as a community to empower the fellow individuals and make them stand on their feet and encourage them to be self-dependent which is why we have stressed on the importance of *'Community based rehabilitation'* and *'Special education'*.

Signing off with this quote:

"An airplane takes off with its wings against the wind and not with it."

Warm regards,
Rakesh Jain



Rakesh Jain

Chief Executive Officer
Reliance General Insurance

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Look what our **readers have to say** about R HealthBeat

“

We congratulate and appreciate Reliance General Insurance on the new initiative of publishing R HealthBeat giving various insights into building and maintaining good health. The articles and anecdotes in the magazine are easy to understand and quick to implement. 3 Cheers to the team!

Ravi Kiran M.

”

“

It gives a lot of glimpse, short and direct information regarding healthy diet, work life management, fitness plans and prevention health care. Volume 12 is very informative and I liked the interview 'Pace it like the guru', 'The Heart Truth' and 'Workout Inspiration'.

Regards
Panchaksharaiah H K

“

The R Healthbeat is a very good initiative by RGICL to make people aware about their health in such a busy life. I really appreciate the team work of magazine by suggesting small initiatives on diet, nutrition, workout, etc. to make their life healthy and peaceful.

Dr Sunil Kumar

Assistant General Manager - Operations
Max Super Specialty Hospitals - New Delhi

”

”

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GET IN TOUCH

We look forward to getting to know you better!

We welcome your suggestions, questions or ideas. Also to know more about our Wellness Program you could write to us at rgicl.rcarehealth@relianceada.com

Visit www.reliancegeneral.co.in for more articles and updates on Healthy Living and Wellness.

A world of Differently Abled



Physical Impairment



Visual Impairment



Hearing Impairment



Cognitive Impairment

Out of every 100 people in the world, 15 people are disabled and the numbers are steadily increasing over the years and the current figures are high as compared to 35 years ago.

Special needs of disabled people

- Good, clear information
- Communication in a way that works best for them
- Buildings and services tailored for their use
- More choice over their healthcare and money to pay for it
- The chance to be involved in training with people so that they can understand a person's disability better

Unmet needs for health care

A recent survey of people with serious mental disorders showed that between 35% and 50% of people in developed countries and between 76% and 85% in developing countries received no treatment.

- Women with disabilities receive less screening for breast and cervical cancer than women without disabilities.
- People with intellectual impairments and diabetes are less likely to have their weight checked.
- Adolescents and adults with disabilities are more likely to be excluded from sex education programmes.

Disability & Health



The International Classification of Functioning, Disability and Health (ICF) defines disability as an umbrella term for impairments, activity limitations and participation restrictions. Disability is the interaction between individuals with a health condition (e.g. Cerebral Palsy, Down Syndrome and Depression) and personal and environmental factors (e.g. negative attitudes, inaccessible transportation and public buildings and limited social support)



More than 1 billion people in the world have some form of disability and out of these nearly 110-190 million people have very significant difficulties in functioning



In Organization for Economic Co-operation and Development countries, the employment rate of people with disabilities (44%) is slightly over half that for people without disabilities (75%)



Half of disabled people can't afford health care compared to a third of non-disabled people. People with disabilities are more than twice as likely to find health care providers' skills inadequate; nearly three times more likely to be denied health care and four times more likely to report being treated badly than non-disabled people.



Children with disabilities are less likely to attend school than non-disabled children. Even in countries where most non-disabled children go to school, many children with disabilities do not go to school. For example, in Bolivia & Indonesia about 98% & 80% of non-disabled children go to school respectively whereas for disabled children the numbers are under 40% & 25% respectively.



People with disabilities experience increased dependency and restricted participation in their societies. Even in high-income countries, 20-40% of people with disabilities lack the help they require to engage in everyday activities. In USA, 70% of adults with disabilities rely on family and friends for assistance with daily activities.

While some health conditions associated with disability result in poor health and extensive health care needs, others do not. However all people with disabilities have the same general health care needs as everyone else, and hence there should be **no discrimination while caring for them.**



Here are **8** Indians who have proved this statement right by excelling in various fields in spite of their drawbacks and who continue to inspire us.



Arunima Sinha

Arunima Sinha lost her leg when some robbers pushed her out of a moving train. Two years later, she became the first woman amputee to climb Mount Everest. She disliked the look of pity and sympathy in everyone's eyes and did not want to be looked upon as a handicapped person. She has proved that a strong determination and will is far more important than a strong body. Even with a prosthetic leg, she overcame her challenges and made history.



Dr. Suresh Advani

The prominent oncologist started Hematopoietic Stem Cell Transplantation in India. He contracted polio at the age of eight and has been wheelchair-bound since then. Having faced many difficulties to pursue his dreams due to his disability, Advani did not give up. His contributions in the field of Oncology have been recognized with many awards, including the Padma Shri in 2002 and the Padma Bhushan in 2012. He is the first oncologist in India to have successfully done a bone-marrow transplant.



Ravindra Jain

Born visually impaired, Jain started singing at a very young age and took his passion to a new high when he joined the Indian music industry, becoming one of the most notable music directors of the 1970s. He was so dedicated towards his work that when, during one of the recording sessions, his father passed away, but he still did not leave the recording room until the recordings were finalized. Apart from composing various 'super-hit' songs for Hindi movies, he had also launched several private albums which were praised by many.



Malathi Krishnamurthy Holla

This international para-athlete from Bangalore was paralysed completely at the tender age of one after a high fever. A regular electric shock treatment for two years gave the strength to her upper body back, but below the waist her body remained weak. Holla decided to live life in the best possible way and chose sports to excel in. She started participating in various games at college, and today she has taken part in various international events including the Para-Olympics. She won Gold in 200m, shot put, discus and javelin throw at the 1989 World Masters' Games in Denmark. She has over 300 medals in her kitty, and is also the proud recipient of the Arjuna Award and Padma Shri. She runs the Mathru Foundation to help disabled children from rural India.



Girish Sharma

He lost a leg in a train accident when he was a kid. But this setback in life did not stop him from becoming a badminton champion. He has just one leg which is so strong that he not only plays the game effortlessly but also easily covers the entire court. Ever since he was a kid, he would indulge in outdoor activities with other kids without letting his disability come in the way.



Sudha Chandran

This Indian actress and classical dancer needs no introduction. Born in Kerala, this 50-year-old artist met with an accident when she was just 16. Doctors missed a small wound in her ankle and plastered it, which later got infected and there was no alternative left but to amputate her leg. She overcame her disability by getting a prosthetic "Jaipur Foot" and became one of the most popular and acclaimed classical dancers of the country. Having performed Bharatnatyam internationally, Chandran is also a known figure in the Indian television and film industry.



H. Boniface Prabhu

Prabhu's life changed at the age of four when a botched lumbar puncture made him a quadriplegic for the rest of his life. But he never let this disability change his goals of life and continued his education in a regular school. His immense hard work and dedication has made him a notable figure and a leading quadriplegic wheelchair tennis player. He was a medal winner at the 1998 World Championships and was also awarded the Padma Shri by Government of India in 2014. It seems like disability is not a word in his dictionary.



Deepa Malik

An army man's wife, mother of two, a restaurateur with a social cause, a former beauty queen, an accomplished swimmer on the international platform and now a wannabe biker; 38 year-old Deepa Malik wears a multitude of hats and firmly refuses to let any conversation veer to sympathy that her disability often attracts. Malik became a wheelchair user in 1999. Most recently, she became the first paraplegic to participate and win Silver at the Rio Paralympics.

Teaching social behaviors for independent living



Feelings of alienation, social withdrawal and plummeting self-esteem can result from the simple lack of basic social skills. Adults with special needs deserve as many breaks that they can get. The simple act of introducing them to the concepts of common courtesy, good manners and how to act as a friend does more than just make them well-rounded. It gives them the opportunity to make friends, develop a healthy social network and enjoy a more rewarding life.

Some children and adults with special needs struggle in the area of social interaction. These difficulties may be influenced by deficits in self-regulation, processing, analysis of spatial information and cognitive flexibility. To be successful within social exchanges, one needs to be able to accurately decipher both verbal and non-verbal cues. Often these are subtle, fleeting signals that require one to process and rapidly interpret presented information in order to formulate a response. In addition, one must understand the underlying rules that govern responses in social situations.

• **The concepts of social distance and social boundaries are difficult to grasp:** There's no official rulebook that describes how we're all supposed to interact with each other and relationships are complex and messy by nature. For a student with special needs, this relationship messiness can look like an insurmountable challenge or a set of invisible rules that don't seem to make much sense at all. For them to truly understand social boundaries, lessons need to be taught in a practical way that can be applied to everyday life and it needs to be something that they can practice, apply to their own

relationships and remember long after instruction time ends. This often has to be most succinctly taught to them in their teenage and early twenties as puberty and hormonal changes can present new challenges in appropriate social behaviour.

Parents and teachers of students with special needs often worry that these hormonal changes will lead to inappropriate behaviour. How can we teach kids to be aware of what constitutes inappropriate behaviour to protect them from unwanted touch? And how can we teach them that it's never OK to inappropriately touch others? The answer is social boundaries education. It's crucial for parents and teachers to recognize that teaching social boundaries is the best, most effective way to protect their child/student from sexual abuse and exploitation, as well as protect others from inappropriate sexual behavior from their child/student.

• **Help them gain important self-confidence by teaching proper everyday social behaviour:** Bad social behaviour can cause embarrassment, humiliation and loss of self-confidence. Introduce them to proper social behavior necessary for success in everyday situations and you'll give them the tools to meet friends, keep friends and develop respectful relationships with peers.

• **Practice everyday conversations:** It helps to act out situations and potential conversations with them. It's no secret that adults with developmental disabilities tend to handle a situation much better when they're prepared for it ahead of time. This simple truth makes practicing conversations a no-brainer!

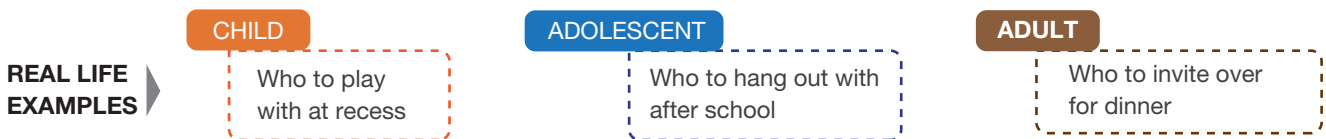
- **Teach them how to be approachable:** What makes someone approachable? A smile, nice posture, clean, well-kept clothes, a good attitude, etc. Teach them why it's important to be approachable, more likely to make friends, appear friendlier in an interview; it will give them positive feelings, etc. Take turns practicing coming across as

'approachable' vs 'unapproachable'.

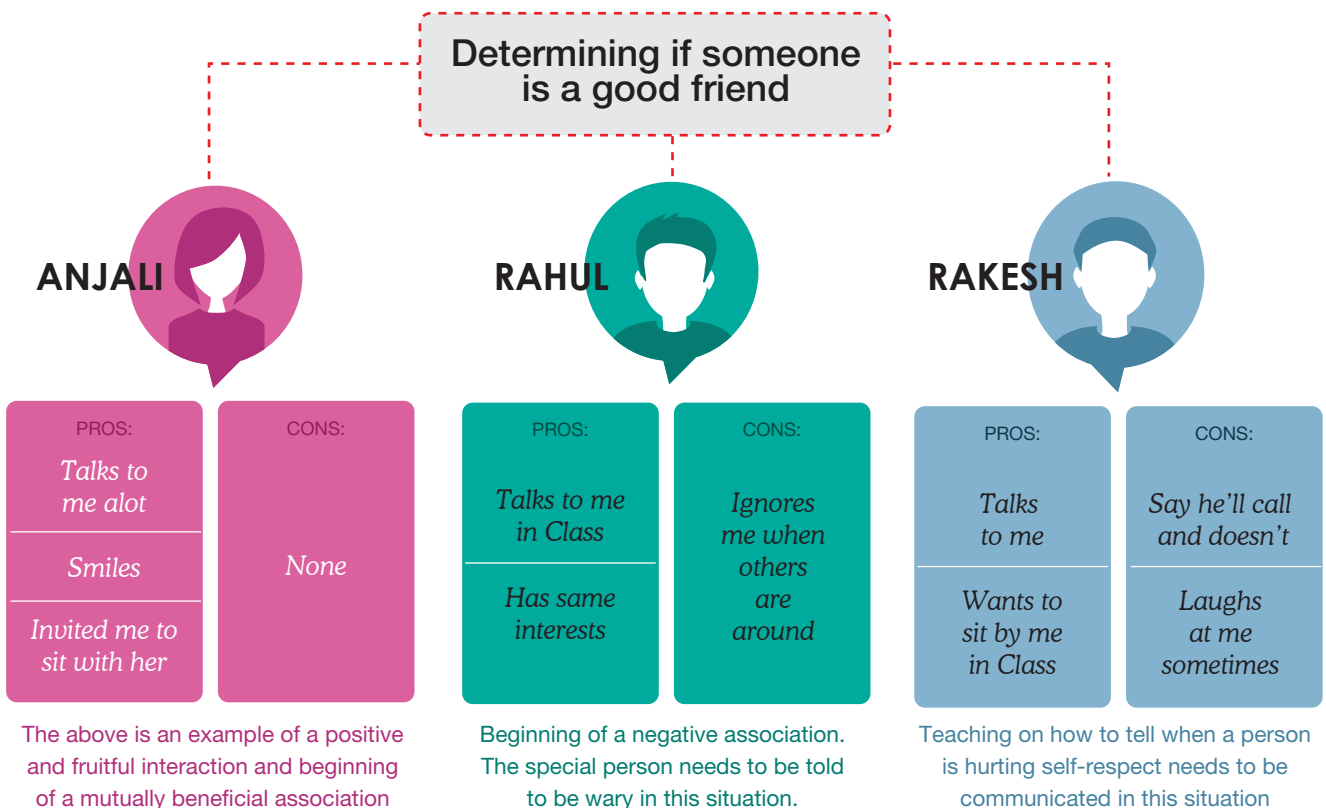
- **Teach what makes a good friend:** Once you have a friendship you want to keep it, right? It's important to teach adults with cognitive disabilities that friendships are relationships you work at or spend time on. A good friend is caring, truthful and fun to be around.

Do's & don'ts of social behaviours

To help individuals with social difficulties, develop a system for determining whether or not someone has the potential to be a close friend, advisor or a guardian. The simple exercise given below will help to create a thought of decision making in an individual. It is important for the individual to address the following questions.



Many people with social issues often want friends but have difficulty making them or keeping them. Sometimes, they may misinterpret someone's initial kindness or attention as "friendship". Due to the difficulty with reading the intention of others, some people with social issues can be taken advantage of by those who are manipulative and recognize the vulnerability in others.



Show them examples of what happens when you're dishonest to your friends and how it can negatively affect your relationship. By watching videos of the negative consequences of dishonesty, adults with developmental disabilities are able to see how their decisions can affect their friendships poorly, without having to experience the painful situations themselves.



THE BODY UNLIMITED

Technological advances that change life

Long time back, people with missing limbs were relegated to lives in wheelchairs and diminished opportunity, but not anymore. Today, doctors can manipulate the human body in amazing ways - implanting joints, limbs and parts to return movement, function and appearance and fashioning futuristic devices that rival, and in some cases exceed, real flesh and bones.

For some - a senior receiving a hip implant or a disabled person getting a new spinal disk - the prostheses are medically necessary. For others, they are psychological, cosmetic or just convenient. Researchers envision even able-bodied people in the not-so-distant future lining up for prostheses to simplify tasks or improve the way they work and play.

Prosthetic designers already have created apparatus with cellphone chargers, laser pointers and magnifying glasses. Prostheses also are becoming much more affordable with advances in battery technology and 3-D printing.

How medical science rebuilds the body?

An artificial device that replaces a missing body part or supplement defective body part is termed as “medical implants” or “prosthetics”. These devices support skeletal, muscular & nervous systems and restore lost functionality caused by disease, trauma or gene. Most of these implants are made from high-grade plastic, metal or ceramic. Implants can be permanently or temporarily inserted. For example, hip implants or stents are used permanently, whereas, chemotherapy screws or ports used for repairing broken bones are removed post-recovery.

Prosthetics:

Experts are creating mind-blowing prostheses that are expanding the boundaries of what people, both disabled and not, can do. Consider the following:

- **Prostheses that feel:** Doctors are developing prostheses that can feel sensations. Prototypes allow wearers to identify shapes when holding blocks. The ultimate goal is to integrate artificial body parts into a person's nervous system.
- **Keypad arm implants:** Imagine cellphone buttons lighting up the palm of your hand or a touch-screen on your forearm. Engineers are working to make both a reality. Scientists designed a system that uses a person's skin as an input device for electronics. An armband uses a tiny projector to beam a digital interface onto your skin. A Bluetooth connection sends the information to your device.
- **Morphing prostheses:** Scientists are developing computer-controlled compliant prostheses that can morph and change shape. For example: a robot arm that's malleable so its fingers can fit through tiny openings and grasp unusual shapes.



Myoelectric Hand

Myoelectric hand is another exciting advancement in the field of prosthetics technology. This device consists of an embedded computer chip which signals grasp functionality to the brain. Myoelectric hand allows an individual to perform almost all functions possible with normal hands.



Cost

When it comes to cost, prostheses are much like cars. They can be fairly cheap or wildly expensive, depending on the features you choose. A large part of the cost comes from the fact that each prosthesis must be custom-made to fit its recipient.

Longevity

Prosthetic limbs typically last three to five years, although they can last longer. Most are built specifically for a person's body type, so changes in weight, height or physical activity can affect their longevity.

Causes

About 1.7 million Americans are amputees, according to a 2013 study by NetWellness. Almost 80 percent of those amputations result from vascular disease, including diabetes. The rest are attributed to trauma or illnesses, such as cancer.

Advances

Improvements in medical techniques have made the replacement of hips and knees, which not long ago represented very serious surgery, a matter of routine. And improvements in materials and manufacturing techniques make it possible for those artificial joints to last years longer than those implanted even five years ago.



The Rollercoaster of Diagnosis

Developmental disabilities and Learning disabilities are a diverse group of chronic conditions that are due to mental or physical impairments. These cause individuals living with them many difficulties in certain areas of life, especially in language, mobility, learning, self-help and independent living. Developmental disabilities can be detected early on, and do persist throughout an individual's lifespan and learning disabilities are best detected during the developmental years of the child. It is imperative for us to understand the process of diagnosis early on for these disorders so that the treatment and care can be well planned for the individual.

Fragile X syndrome (FXS)

It is thought to cause autism and intellectual disability.

Associated symptoms: Behavioural problems such as hyperactivity, hand flapping, hand biting, temper tantrums and autism. Other behaviours in boys after they have reached puberty include poor eye contact, perseverative speech, problems in impulse control and distractibility. Physical problems that have been seen include eye, orthopedic, heart and skin problems.

Down syndrome

It is a condition in which people are born with an extra copy of chromosome 21. Normally, a person is born with two copies of chromosome 21. However, if they are born with Down syndrome, they have an extra copy of this chromosome. This extra copy affects the development of the body and brain, causing physical and mental challenges for the individual. After birth, the initial diagnosis of Down syndrome is often based on the baby's appearance. But the features associated with Down syndrome can be found in babies without Down syndrome, so your health care provider will likely order a test called a chromosomal karyotype.

Pervasive developmental disorders (PDD)

It is a group of developmental disabilities that can cause significant social, communication and behavioural challenges. To make the diagnosis, doctors observe the child and ask questions of the parents/guardians about the child's behaviours. There is no lab test for an autism spectrum disorder. The key is to find out as soon as possible if a child is on the spectrum. That way, you can line up resources to help your child reach their full potential. The sooner it starts, the better.

Cerebral Palsy

It is a group of disorders that affect a person's ability to move and maintain balance and posture. Cerebral Palsy is the most common motor disability in childhood. Diagnosing

Cerebral Palsy takes time. There is no test that confirms or rules out Cerebral Palsy. In severe cases, the child may be diagnosed soon after birth, but for the majority, diagnosis can be made in the first two years. For those with milder symptoms, a diagnosis may not be rendered until the brain is fully developed at three to five years of age. For example, the average age of diagnosis for a child with spastic diplegia, a very common form of Cerebral Palsy, is 18 months. This can be a difficult time for parents who suspect something might be different about their child. Often, parents are first to notice their child has missed one of the age-appropriate developmental milestones.

Intellectual disability

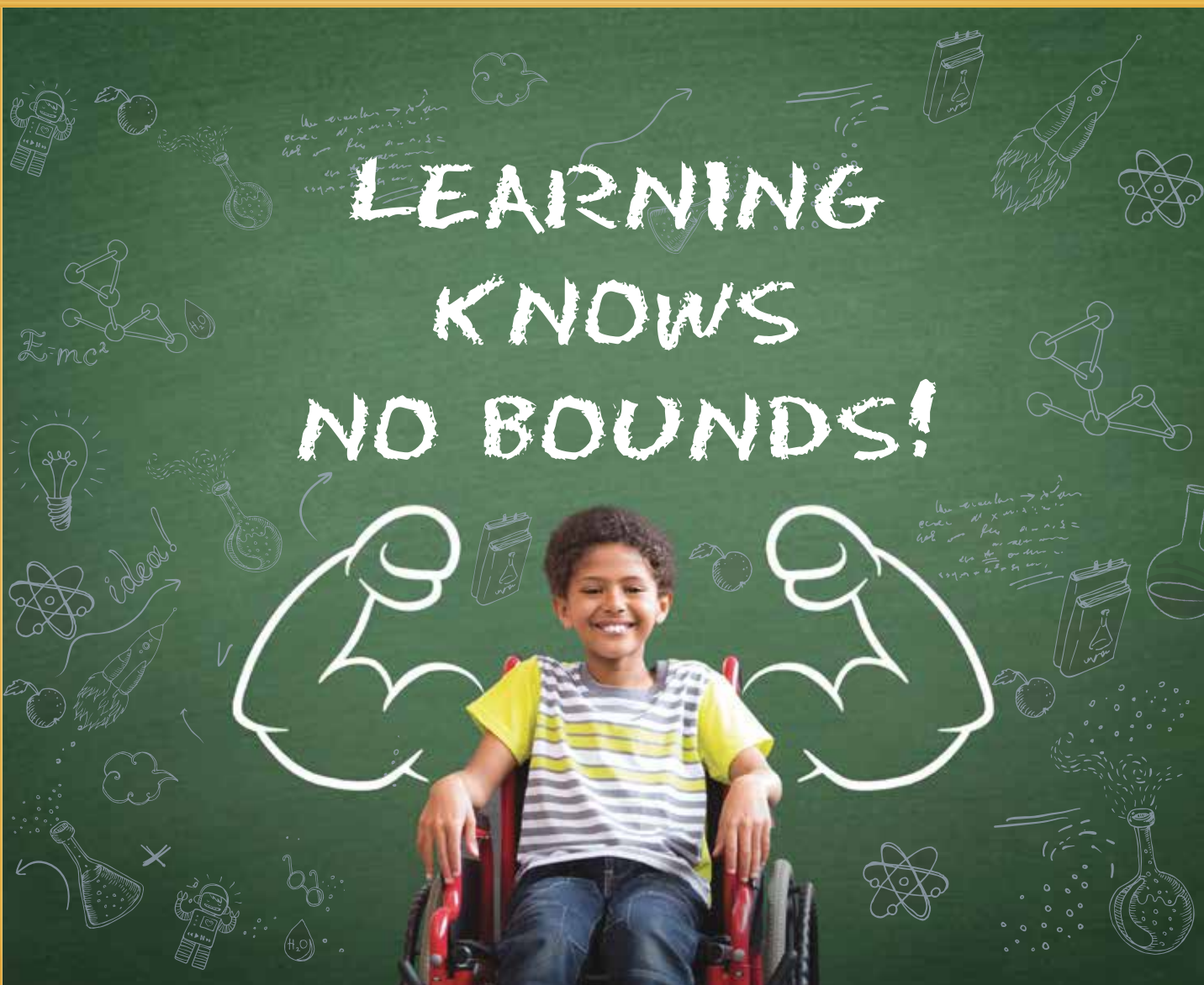
Also (sometimes proscriptively) known as mental retardation, it is defined as an IQ below 70 along with limitations in adaptive functioning and onset before the age of 18 years. Intellectual disability is diagnosed through the use of standardized tests of intelligence (testing a person's I.Q.) and adaptive behavior (the ability of a person to function and perform everyday life activities).

Dyslexia

It is a specific learning disability that affects reading and related language-based processing skills. The severity can differ in each individual but can affect reading fluency, decoding, reading comprehension, recall, writing, spelling, and sometimes speech and can exist along with other related disorders. Dyslexia is sometimes referred to as a Language-Based Learning Disability. The signs and symptoms include:

- Reads slowly and painfully
- Experiences decoding errors, especially with the order of letters
- Shows wide disparity between listening comprehension and reading comprehension of some text

Sources: <http://www.asha.org/policy/TR1994-00140/>
<https://www.nichd.nih.gov/health/topics/learning/conditioninfo/pages/diagnosed.aspx>



In India, different definitions of disability conditions have been introduced for various purposes, essentially following the medical model and, as such, they are based on various criteria of ascertaining abnormality or pathologic conditions of persons.

The disabilities identified are: blindness, low vision, cerebral palsy, leprosy, leprosy cured, hearing impairment, loco motor disability, mental illness, mental retardation as well as multiple disabilities. Education of children with

disabilities (CWD) has been a part of policy developments in India for the past few decades. The policies of the government of India towards the education of children with disabilities have been reflected in the enactments, schemes and through institutions established for various relevant activities. Special Education is that component of education which employs special instructional methodology (Remedial Instruction), instructional materials, learning-teaching aids and equipment to

meet educational needs of children with specific learning disabilities. Remedial instruction or Remediation aims at improving a skill or ability in a student. Techniques for remedial instruction may include providing more practice or more explanation, repeating information and devoting more time to working on the skill. For example, a student having a low reading level could be given remediation via one-on-one reading instruction, phonic instruction or practice in reading aloud.

When does an individual need special education?

Special education teachers work with children and youths who have a variety of disabilities. A small number of special education teachers work with students with mental retardation or autism, primarily teaching them life skills and basic literacy. However, the majority of special education teachers work with children with mild to moderate disabilities, using the general education curriculum, or modifying it, to meet the child's individual needs. Most special education teachers instruct students at the elementary, middle and secondary school level, although some teachers work with infants and toddlers. Special educators provide programs for specific learning disabilities, speech or language impairments, mental retardation, emotional disturbance, multiple disabilities, hearing impairments, visual impairments, autism, combined deafness and blindness, traumatic brain injury and other health impairments. Students are classified under one of the categories, and special education teachers are prepared to work with specific groups. Early identification of a child with special needs is an important part of a special education teacher's job. Early intervention is essential in educating children with disabilities.

Who provides special education?

There are a variety of facilities in which these professionals work.

- **Special schools:** Mostly you find them working in special schools helping children with the academic skills.
- **Rehabilitation centre:** There are many public/private rehabilitation centres that employ special educators
- **Private support:** In India private practice is very common where many special educators work independently. They may be working part-time in any of the facilities mentioned above along with private tutoring also.

Many international schools cater to the needs of children with special needs and learning difficulties such as dyslexia, attention deficit disorder, attention deficit hyperactivity disorder and cognitive disabilities. Efforts are made to integrate these children into the mainstream school environment.

What are the provisions in the law?

The most landmark legislation in the history of special education in India is the Persons with Disabilities (Equal opportunities, protection of rights & full participation) Act, 1995. This comprehensive act covers seven

disabilities viz. blindness, low vision, hearing impaired, loco-motor impaired, mental retardation, leprosy cured and mental illness. Chapter V (Section 26) of the Act, which deals with education, mentions that the appropriate Governments and the local authorities shall:

- Ensure that every child with a disability has access to free education in an appropriate environment till they attain the age of eighteen years
- Endeavour to promote the integration of students with disabilities in the normal schools
- Promote setting up of special schools in governments and private sector for those in need of special education, in such manner that children with disabilities living in any part of the country have access to such schools
- Endeavour to equip the special schools for children with disabilities with vocational training facilities



Recommended Special needs schools in India

Asha Kiran Special Needs School

HL 212, Esther Gardens, Jayanthi Nagar, Ramamurthy Nagar Road, Hormavu, Bengaluru – 560 016.
Website: <http://www.ashakiran.net/>

Tamanna Special School

Vasant Vihar, New Delhi – 110 057.
Website: <http://www.tamana.org/>

Dilkhush Special School

Juhu Tara Road, Airport Area, Juhu, Mumbai – 400 049.
Website: <http://dilkhush.org/>

Sparsh Special School

Plot No. 87, Opposite Ramalayam, Vivekananda Nagar Colony, Kukatpally, Hyderabad – 500 072.
Website: <http://www.sparshspecialschool.com/>

Tips for the future caregiver

The decision about who'll provide the personal care of your loved one is up to you. Before you decide it's important to understand what options are available and what they'll mean for you, your care and family. Everyone's situation is different, so take a look at the information below and see what works for you.

A caregiver is someone that the family hires to provide care and/or to assist the primary caregiver. Caregivers may have a range of responsibilities from attending to a person's physical

needs, including preparing meals and helping the person bathe and dress, to logistical tasks such as driving the person to the doctor, buying groceries and keeping the home clean. The role of a caregiver can be extremely difficult. Caregivers often feel overwhelmed, resentful and even depressed. Therefore, learning good self-care and reaching out for support are essential for caregivers. In the best of circumstances, taking care of a loved one can be rewarding and meaningful, as well as challenging.

- Find a provider that is licensed, monitored and follows the Indian Laws
- Visit the facility in order to observe the surroundings, types of activities and quality of care.
- Evaluate the accessibility of the facility, relative to any specific needs
- Get acquainted with the provider's experience working with children who have disabilities
- Tell the provider what you have found, works for your child's need
- Share your fears and concerns
- Ask specific questions about how staff will handle supervision, communication or other challenges that might be concerns related to your child
- Look for good staff-to-pupil ratios to ensure an environment that promotes individual attention and care
- Ask questions about when and how restraints, seclusion or 1-on-1 time might be used to determine if there is a way of finding out the method of improvisation
- Ask about their approach/techniques for behavior management and be sure you are comfortable with it.
- Communicate the individual's gifts and strengths as well as his or her needs so that the caregiver also gains an appreciation for the wonderful aspects of the special person
- Foster a healthy relationship with the provider. Mutual respect will encourage ongoing, open communication about how to best pursue success

“SPORT” A WHEELCHAIR!



People who use wheelchairs can have fun and compete in wheelchair sports, tailored for active wheelchair users.

Some of the sports include baseball, basketball, football, hockey, bowling, tennis, table tennis and racing. The majority of these sports are played with users sitting in manual wheelchairs and are either custom made for the user or tailored specifically for the sport. That is why some manual wheelchairs used for sports have angled rear wheels that allow the user to have more stability while also sustaining physical damage when the players bump into each other.

There are also other sports adapted for wheelchair users that require power wheelchairs to be used by every player.

Most Popular Wheelchair Sports

Basketball

Wheelchair basketball probably has the most support behind it; public awareness is high for basketball played in wheelchairs.

There are many rules that have been adapted for wheelchair users. In chair basketball, travelling is called when a player touches his wheels more than two times after being passed the ball by a teammate or inbounds.

Tennis

It is basically played in the same way as regular tennis. The only difference is that the players are not running, but they use wheelchairs to reach and hit the ball. It was started in 1970s by a young man named Brad Parks. You may need specialized equipments to play it as regular ones can be quite difficult to be handled.

Softball

A group of individuals with lower extremity impairments and spinal cord injuries created wheelchair softball over 30 years ago. It has official rules including the 16-inch slow pitch softball, and specialty sport wheelchairs are required to participate in this sport.

Football

Manual sport wheelchairs and power wheelchairs are used to participate in this exciting sport. It was developed by the American Association of Adapted Sports Programs in Atlanta, Georgia. The rules are similar to American football and to participate in it you

need to be in maximum physical condition and a team player. You should also be comfortable with handling power and manual wheelchairs.

Custom Sports Wheelchairs

In conclusion, wheelchair sports have been getting more support lately from the disabled community and everyone else involved with disability. There are companies that make custom sport wheelchairs tailored towards wheelchair users who are active and play sports consistently.

You should probably never use your everyday wheelchair to play wheelchair related sports; this will cause irregular wear and tear and will cut the lifespan of the chair by half.

Just because you are using a wheelchair it does not mean you cannot enjoy the fun and competitive nature of wheelchair sports.



Smart life tech

– For easy living!

From providing help with reading despite a visual impairment, to keeping the deaf included in a group conversation, to helping patients with shaky hands have a meal independently; here are 10 assistive technologies that are helping the differently-abled get assistance when and where they need it.

Technology has always lent a helping hand for people with disabilities such as visual impairment, speech impairment, people with motion disabilities or disorders etc. There are a lot of apps and gadgets that can help ease the difficulties people with disability face on a daily basis, and in this you will be seeing apps and/or gadgets that can do so.



Dot

is a wearable device that is also the world's first Braille smartwatch. Dot is a practical solution that is more affordable than regular e-Braille devices which may cost thousands, yet still works well for the blind. Dot helps the blind access messages, tweets, even books anywhere and at any time.

Talkitt

Talkitt is an innovative application to help people with speech and language disorders to communicate with someone else. It will translate unintelligible pronunciation into understandable speech so we can understand what they mean to say, despite the speech impediment. Talkitt works in any language; it works by learning the user's pattern speeches first, creating a personal speech dictionary; then Talkitt will identify and recognize the unintelligible pronunciation and translate them into speech we can understand.



Sesame Phone

A touch-free smartphone designed for people with disabilities. This phone is designed to be used with **small head movements, tracked by its front-facing camera**. So you can access all the features of a smartphone, without even touching this device. Gestures are recognized as if you were using a finger to operate it: swipe, browse, play and more. Voice control is also added to provide a real hands-free experience on the phones.

UNI

is a two-way communication tool for the deaf using gesture and speech technology. This tool works by detecting hand and finger gestures with its specialized camera algorithm, then converting it to the text in very short time to provide meaning of a given sign language. Also equipped is a voice recognition software that will convert speech into text for two-way communication. UNI also enables you to create your own sign language with its sign builder, so it is easy to add custom language to the dictionaries. It is a subscription-based app with two versions, one that requires a data connection and another that doesn't.



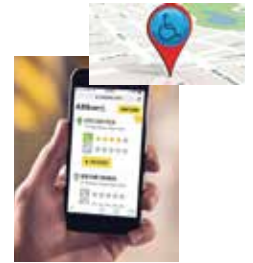


By My Eyes

is a super-cool application that helps blind people see the world. It works by making a network that connects the blind with volunteers from around the world. It is an easy way to ask for help for simple tasks like checking on the expiry date on a milk carton. Volunteers will receive notifications or requests for help, and if they are too busy, the app can find someone else to step in and help. Each request will trigger a video call to volunteers so they can help the user.

Ax map

helps people with disabilities to locate wheelchair ramps & wheelchair-accessible restrooms as these are not things they notice. Many public sites are also not equipped with these facilities. This is a source of inconvenience to those who require a wheelchair to move around.



assist-Mi

is an assistance application that helps disabled people to get assistance in real-time. It is basically an app that connects service providers and caregivers with the disabled who may need their assistance at a moment's notice. Services include help in getting to work, to go shopping for essentials or for travel.

Lifeware

is a self-stabilizing handle on which you can attach an eating utensil like a fork or spoon. It is very helpful for patients who suffer from Parkinson's disease or other forms of motion disorders that causes hand tremors. Lifeware stabilizes up to 70% of the disruption and helps reduce the spilling of contents from the utensil before food reaches the patient's mouth. Each lifeware comes with the stabilizing handle, a charger and three utensils, a spoon, fork and soup spoon. Each charge can last for several meals and the handle can be wiped down while the spoons and fork can be washed like a normal utensil.



Watch Minder

is fashioned as a sports watch and developed by a child psychologist. It helps kids with autism and ADHD to keep track of tasks, reinforce positive behaviors like "pay attention" and manage their medication schedule on their own.

Empowering with community based rehabilitation



The aim of community-based rehabilitation (CBR) is to help people with disabilities, by establishing community-based programs for social integration, equalization of opportunities and physical therapy rehabilitation programs for the disabled. A lot can be achieved when people from different parts of the community share a common goal and actively participate in both identifying needs and being part of the solution. Community mobilization helps to empower communities and enable them to initiate and control their own development.

Little progress will be made towards mainstreaming differently-abled individuals until community support is built up and the different sectors of society become actively involved in the process of change.

Role of community based rehabilitation in India

Non-Governmental Organizations (NGOs) or Not-For-Profits

Over the years, many dedicated men and women have voluntarily given their time, wealth, skills and energies to provide caring services to add to or enhance already too-far-stretched statutory services. The history of the disability movement in India over the last 50 years is a testimony to the commitment and determination of these individuals. There are over 1600 voluntary organizations in India working for the cause of disability services and engaged in the service of disabled people. These range from the very professional, well managed, high profile national organizations that are immensely successful to the

well-meaning, small neighborhood organizations, with much goodwill but lacking in hard resources.

National Information Center on Disability Research and Rehabilitation

The government of India, with the assistance of the National Institute on Disability, Independent Living and Rehabilitation Research (NIDILRR), a U.S. government organization, has set up the National Information Center on Disability and Rehabilitation in Delhi, an apex center for information relating to various aspects of disability. The Center collects, classifies and stores data on twelve different aspects of disability. The Center has the responsibility to undertake gathering, updating and disseminating information on the following:

- Concessions and facilities provided to the disabled by the central and the state governments
- Organizations and institutions working for the disabled
- Professionals working for the disabled
- Statistics about beneficiaries of various rehabilitation schemes and programs
- Demographic statistics about the disabled
- Aids and appliances available for the disabled
- Statistics about national awards and awardees
- Scholarship programs
- Assistance program for purchase/fitting of aids/appliances
- Program of assistance to organizations working for the disabled
- Employment statistics
- Research and development projects

Vocational Rehabilitation

Considerable emphasis is given to vocational rehabilitation and its pivotal role in comprehensive rehabilitation services with a focus on training and employment of people with disabilities. Although the words, sheltered workshop, are not used, it seems to be an implicit assumption that people with disabilities work directly for the institutions that provide the training rather than in a community based job. For example, in a training center for the blind in Bengaluru, instruction is provided in producing corrugated packing boxes for a big tea company in India. Training is also provided in silk weaving and this unit is linked with the local silk industry corporation for the marketing of the finished goods. In New Delhi, there is a trust that has established a watch repair unit to train people with disabilities in watch

repair. This unit is also linked with a major watch company. However, in all these instances, none of the people with disabilities work for the actual companies and again we see the lack of emphasis on community integration.

Community Care

The role of CBR is to enable people with disabilities to access work opportunities by actively promoting and facilitating the acquisition of relevant knowledge, skills and attitude.

- Youth and adults with disabilities have access to a range of training opportunities and acquire marketable skills, decent work (*waged employment or self-employment*) and income.
- Girls and women with disabilities have equal opportunities for skills development with boys and men.
- Mainstream providers of vocational and skills training have policies and practices that ensure people with disabilities have access to the training provided.
- People with disabilities have access to support services: Vocational guidance, placement services, assistive devices and adapted equipment.
- People with disabilities have access to advanced skills development opportunities required to progress in their work.



Placement schemes in India for the disabled

- **Deendayal disabled rehabilitation scheme**
The scheme provides support to the NGOs to deliver various rehabilitation services to people with disabilities.
- **Scheme of assistance to disabled persons for purchase/fitting of aids/appliances (ADIP scheme)**
The objective of this scheme is to assist the needy physically handicapped people with durable, modern, and standard aids and appliances.
- **Schemes for national scholarship of persons with disabilities**
Every year 500 new scholarship are awarded for pursuing postmatric professional and technical courses of at least one year duration under the scheme of national Scholarship for PWDs

Source: • <http://www.simplydecoded.com/2012/12/08/importance-of-community-based-rehabilitation/>

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