

PhysioSA

For every physio who cares

Vol.34 No.6
September 2020

LOCKDOWN FOR ATHLETES

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in
cars

Safety
advice

Beyond COVID-19
The impact on our thinking



+ BackWeek:
the history

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PhysioSA™

For every physio who cares

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Editor's comment

By: Mandi Smallhorne

COVID-19
STORY



Hearts and minds

Take care of your mental health

*Oh, can't you see the morning after?
It's waiting right outside the storm*

(Al Kasha and Joel Hirschhorn, *The Morning After*)

These times feel as crazy and upside-down as the situation in the original *Poseidon Adventure* (the film about the ship overturned by a tsunami) from which the song, *The Morning After*, came – but this is no one-day event: the stress just goes on and on and on unrelentingly.

I read the posts on the COVID-19 Support Group on Facebook and watch physiotherapists wrestling with so many issues: how do I keep my family safe? How do I cope with the deaths? How do I manage my own Covid recovery from infection? How do I deal with PPE on home visits?

And that's just what's happening at the end of July, as I write. By the time you read this (if you even have time to read it), chances are we'll be heading towards peak, and things will be even more difficult, more demanding, and tougher on everyone in the health-care space.

So please, please, remember that your own self-care is vital. If you don't look after yourself, you will not be effective (never mind the fact that you could be burning out and hurting yourself).

Just a few thoughts:

Keep in touch with yourself

It's all too easy, in the middle of a crisis, to lose touch with yourself. You forget to notice your internal environment: how am I feeling? What do I need? You just keep going, because that's what's asked of you.

Find small spaces in the day to check in. Take an extra minute, perhaps while washing your hands, to ask yourself: Am I hungry? Am I thirsty? Do I need the loo? (Yes, people can forget the essentials when they're focused outward!) Hear your own body and try to answer its needs. You will be able to work better if you do. Remember sleep, exercise, good nutrition.

Your emotions and responses to situations often go unheeded while you're in the thick of a demanding day, too. Take a minute, again, to check in – and if that means you find yourself sobbing in the car on your way home, good, let the tears roll. Releasing at least some of the

emotions is better for you than trying to ignore them. And if you can tell yourself during the day that you will have a chance to let go and unleash your feelings later, you can cope better. Use resources like the Physiotherapy COVID-19 Support Group to vent your feelings in a safe space, where other members of the group are going through many similar experiences and can truly understand the pressures and the heartache.

Remember that your power, in a mad crisis situation, is in your response. You can't control the circumstances, but you can control how you react to them. You can respond better if you know and feel your own thoughts and emotions; if you bottle them up all the time, chances are your inner life will explode some time, just when you don't need to be lashing out or bursting into tears.

Lack of recognition of emotions (of both patients and providers) can affect the quality of medical care and the healthcare provider's own sense of well-being, and may also lead to physician distress, disengagement, and burnout.

Prior experience with disasters, pandemics, and major traumatic events indicates that enhanced support to healthcare professionals enabling them to elaborate upon and become aware of their own emotions and effectively share their perspective and lived experience with patients can help them in remaining efficient and focused during these stressful events.

(Serena Barello and Guendalina Graffigna, *Caring for Health Professionals in the COVID-19 Pandemic Emergency: Toward an 'Epidemic of Empathy' in Healthcare*, *Frontiers in Psychology* 11 2020, DOI=10.3389/fpsyg.2020.01431)

Keep in touch with your colleagues

You'll be working closely with other physios, doctors, nurses, the people on the medical team, and chances are they'll be under much the same pressures as you. Don't just let it go unsaid, though: the occasional check-in with others is useful – "Are you okay?"

You're also surrounded by a support staff who may be feeling the strain too, in different ways: cleaning staff, receptionists, admin staff and more.



What is moral injury?

Moral injury is the psychosocial and spiritual burden caused by an act that goes against one's own or shared morals and values.

Health care workers on the front lines may feel responsible for the death of others during a pandemic where impossible choices need to be made about distribution of life-sustaining equipment. Given the shortage of ventilators for those who need them, health care workers are left to bear the burden of these decisions while simultaneously putting their own lives at risk.[...]

Some of the identifiable symptoms of moral injury include demoralization, inability to self-forgive, guilt, shame, and self-punishing behaviors. Health care workers may struggle with feeling like their morals and values conflict with the choices they have to make during this pandemic; terrible thoughts and images may continue to haunt them.[...]

It is important to watch for symptoms of moral injury in our current climate and reach out for support.

(Excerpted from <https://psychiatry.ucsf.edu/coronavirus/coping>).

Be aware that the strain may manifest in different ways. Some people become snappy, brusque, irritable, or impatient. Try not to respond in kind: remember that 'moody' behaviour may be a symptom of underlying stress. A patient, measured response – if you can manage it! – may help build rather than damage relationships, and relationships are key to an effective medical response.

Keep in touch with your patients

You know this, but it can become difficult to keep a healthy balance:

... healthcare is not simply a purely scientific discipline, it is a matter of empathy, and communication skills are necessary to convey that empathy. [...]

Empathy has also been demonstrated to be a core element of an effective therapeutic relationship and to be a protective factor for health professionals' emotional exhaustion. On the other hand, studies have shown how, despite being an important component in providing effective care, empathy also generates vulnerability for stress-related symptoms such as compassion fatigue and professional emotional exhaustion and burnout. [...] a core component of empathy in the context of patient care is perspective taking. It consists of adopting the point of view of another person and seeing things from their perspective. Perspective taking has been demonstrated to increase patient satisfaction, as well as physician's well-being. Empathetic concern, on the other hand, which is conceptually closer to sympathy, is the emotional reaction of an individual who is attentive to others' experience and spontaneously engages in helping behaviors. It is important to distinguish the two concepts because they may lead to different outcomes. While perspective taking has been viewed to be always beneficial in patient care, a too elevated level of empathic concern could interfere with objectivity in diagnosis and treatment. Therefore, some effective detachment between clinicians and their patients has been considered desirable to maintain both clinical neutrality and emotional balance. (Barello, 2020)

Keep in touch with social support

We all bear a responsibility to help each other through this. Reach out to colleagues, friends and family regularly to ground yourself and renew your strength: "...health professionals should be emotionally supported and safeguarded from the risk of forgetting their human side. If not, the consequences of the pandemic [must] also take into account the psychological costs related to the increasing burnout rates among the health workforce." (Barello, 2020). 🌸

(<https://hbr.org/2020/05/how-health-care-workers-can-take-care-of-themselves>)



COVID-19: a wake-up call

COVID-19
STORY

Nkululeko Africa Mthiyane is using his COVID-19 experience to inform his thoughts about physiotherapy

"It was a blessing in disguise that I was the one who first tested positive," says physiotherapist Nkululeko Africa Mthiyane, looking back on what happened to him in late June. Africa was better equipped to take a call from one of the community service physios, in isolation due to contact with a patient who'd tested positive, and who was finding that, on top of a new job, new town, new surroundings and the accompanying family factors, all a bit much.

"It was a wake-up call," says Africa. "We need to check in with our colleagues, especially the commservs." His own experience was a vivid example of how important it is to make contact with those who are positive with COVID-19. "Just a simple phone call to ask, are you okay? is very important."

Africa, who works at Ladysmith Regional Hospital in KwaZulu-Natal, went into self-isolation in the latter half of June 2020. The department had been given a list of patients who had tested positive, and he noticed that one name was someone he'd treated. "It was a burns patient – I'd seen the patient for some time, wearing full PPE – cap and gloves, apron and N95 mask – constant stretches and mobilisation."

His experience followed the familiar symptom arc: he was at home, all alone, when he noticed he'd lost his senses of taste and smell. "Then I started with a dry cough, fever, and a little bit of body aches. I started taking some Medlemon and painkillers." A few days later he saw his private doctor, who tested and started treating him for symptoms. Within two to three days, Africa started to feel better. "The chills" went away, he says, but the anosmia stayed for quite a while. "That's actually dangerous for someone on your own: you can't smell if something is burning on the stove, for instance."

There had been an in-service presentation, so all staff knew what to do if they tested positive, but, "once you get the symptoms, all the



education disappears! You start tracking every single event, trying to figure out how you contracted it."

Stop self-blame

The most challenging time for him, he says, was when he got the results, two days after the test, on 22 June. The physician who gave them to him over the phone counselled him to "accept it and stop blaming myself"

Africa's method

"Another commserv has tested positive since I did, and she's using my method," says Africa.

What is his method?

Tell yourself you are going to get through it. "You have to believe in yourself." Spend 10-15 minutes a day out in the sun.

Breathing exercises.

- Inhaling steam. "It's a bit challenging at first."
- Appropriate meds for pain and fever.
- Drink a mix of ginger and garlic steeped in lemon and honey – "It's turning into my favourite drink!"

Transparency, honesty, ethical behaviour and understanding complexity are what is demanded of us as medical professionals

and gave him useful advice on how to protect himself and those close to him. "When you are told you are actually positive, you start thinking about your family and colleagues. I had to be the one to educate my friends, who are in engineering and many other fields. They were shocked and scared when I asked them if they could buy me some groceries." Africa had to walk them through a safe process where he sent them money through e-wallet and they left the groceries next to his door.

He found himself acting as the go-to person who answered people's questions, and had numerous opportunities to inform family and friends. For example, he explained that you don't have to take medication unless you have symptoms – taking meds won't fend off the virus. He spoke of the potential dangers of umhlonyane (Afra artemisia, the herb used in the famous Madagascan brew touted as effective against COVID-19) – while generally a pretty safe herb, it can cause problems if used in conjunction with other drugs, or in large doses, which the Traditional Healers Organisation has warned against.

Stigma has raised its head once more, he says, and he's been thinking and talking about that, too. "It's very unfortunate, because we've managed to handle and reduce the stigmatisation of HIV and TB."

Chain of contact

Africa hopes that the fear of COVID-19 will not affect the provision of physiotherapy. Yes, telehealth can be an option, but "We are contact therapists, we touch each and every patient; if patients don't come to us, the profession dies".

So it's critical to talk about the challenges this virus poses. "It's not just about looking at things from one angle; we need to take a step back and assess the whole chain of contact." It's not only about who touches the patient and how; it's about who touches the patient's file and where that file goes; about possible physical links between a patient shedding virus and cleaning staff or security officers. "You need the same service and the same support for all those people as for medical staff. It's going to be a continuous lesson. Because each time you step back and assess, you see another gap. It will have to be constantly corrected and refined."

Africa's role as an advocate for patients, family, colleagues and friends has been highlighted by this – the role of the physiotherapist as an educator. He has become very particular about reading every email he receives that informs him about the virus and related issues. "I have an obligation to understand and ensure that the information I provide is correct and evidence-based." Clear and honest communication is crucial, especially with patients.

Transparency, honesty, ethical behaviour and understanding complexity are what is demanded of us as medical professionals, he says. 🦋



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with people in mind



Feature

Rare neurological disorder, **Guillain-Barre Syndrome**, linked to COVID-19

**COVID-19
STORY**

Worth a read: insights from Sherry H-Y Chou, Associate Professor of Critical Care Medicine, Neurology, and Neurosurgery, University of Pittsburgh; Aarti Sarwal, Associate Professor, Neurology, Wake Forest University; and Neha S Dangayach, Assistant Professor of Neurology and Neurosurgery, Icahn School of Medicine at Mount Sinai

The patient in the case report (let's call him Tom) was 54 and in good health. For two days in May, he felt unwell and was too weak to get out of bed. When his family finally brought him to the hospital, doctors found that he had a fever and signs of a severe infection, or sepsis. He tested positive for SARS-CoV-2, the virus that causes COVID-19 infection. In addition to symptoms of COVID-19, he was also too weak to move his legs.

When a neurologist examined him, Tom was diagnosed with Guillain-Barre Syndrome, an autoimmune disease that causes abnormal sensation and weakness due to delays in sending signals through the nerves. Usually reversible, in severe cases it can cause prolonged paralysis involving breathing muscles, require ventilator support and sometimes leave permanent neurological deficits. Early recognition by expert neurologists is key to proper treatment.

We are neurologists specialising in intensive care and leading studies related to neurological complications from COVID-19. Given the occurrence of Guillain-Barre Syndrome in prior pandemics with other corona viruses like SARS and MERS, we are investigating a possible link between Guillain-Barre Syndrome and COVID-19 and tracking published reports to see if there is any link between Guillain-Barre Syndrome and COVID-19.

Some patients may not seek timely medical care for neurological symptoms like prolonged headache, vision loss and new muscle weakness due to fear of getting exposed to virus in the emergency setting. People need to know that medical facilities have taken full precautions to protect patients. Seeking timely medical evaluation for neurological symptoms can help treat many of these diseases.

What is Guillain-Barre Syndrome?

Guillain-Barre syndrome occurs when the body's own immune system attacks and injures the nerves outside of the spinal cord or brain – the peripheral nervous system. Most commonly, the injury involves the protective sheath, or myelin, that wraps nerves and is essential to nerve function.

Without the myelin sheath, signals that go through a nerve are slowed or lost, which causes the nerve to malfunction.

To diagnose Guillain-Barre Syndrome, neurologists

perform a detailed neurological exam. Due to the nerve injury, patients often may have loss of reflexes on examination. Doctors often need to perform a lumbar puncture, otherwise known as spinal tap, to sample spinal fluid and look for signs of inflammation and abnormal antibodies.

Studies have shown that giving patients an infusion of antibodies derived from donated blood or plasma exchange – a process that cleans patients' blood of harmful antibodies - can speed up recovery. A very small subset of patients may need these therapies long-term.

The majority of Guillain-Barre Syndrome patients improve within a few weeks and eventually can make a full recovery. However, some patients with Guillain-Barre Syndrome have lingering symptoms including weakness and abnormal sensations in arms and/or legs; rarely patients may be bedridden or disabled long-term.

Guillain-Barre Syndrome and pandemics

As the COVID-19 pandemic sweeps across the globe, many neurologic specialists have been on the lookout for potentially serious nervous system complications such as Guillain-Barre Syndrome.

Though Guillain-Barre Syndrome is rare, it is well known to emerge following bacterial infections, such as *Campylobacter jejuni*, a common cause of food poisoning, and a multitude of viral infections including the flu virus, Zika virus and other coronaviruses.

Studies showed an increase in Guillain-Barre Syndrome cases following the 2009 H1N1 flu pandemic, suggesting a possible connection. The presumed cause for this link is that the body's own immune response to fight the infection turns on itself and attacks the peripheral nerves. This is called an "autoimmune" condition. When a pandemic affects as many people as our current COVID-19 crisis, even a rare complication can become a significant public health problem. That is especially true for one that causes neurological dysfunction where the recovery takes a long time and may be incomplete.

The first reports of Guillain-Barre Syndrome in COVID-19 pandemic originated from Italy, Spain and China, where the pandemic surged before the US crisis.

Though there is clear clinical suspicion that COVID-19 can lead to Guillain-Barre Syndrome, many important questions remain. What are the chances that someone gets

Guillain-Barre Syndrome during or following a COVID-19 infection? Does Guillain-Barre Syndrome happen more often in those who have been infected with COVID-19 compared to other types of infections, such as the flu?

The only way to get answers is through a prospective study where doctors perform systematic surveillance and collect data on a large group of patients. There are ongoing large research consortia hard at work to figure out answers to these questions.

Understanding the association between COVID-19 and Guillain-Barre Syndrome

While large research studies are underway, overall it appears that Guillain-Barre Syndrome is a rare but serious phenomenon possibly linked to COVID-19. Given that more than 10.7 million cases have been reported for COVID-19, there have been 10 reported cases of COVID-19 patients with Guillain-Barre Syndrome so far – only two reported cases in the US, five in Italy, two cases in Iran and one from Wuhan, China.

It is certainly possible that there are other cases that have not been reported. The Global Consortium Study of Neurological Dysfunctions in COVID-19 is actively underway to find out how often neurological problems like Guillain-Barre Syndrome is seen in hospitalized COVID-19 patients. Also, just because Guillain-Barre Syndrome occurs in a patient diagnosed with COVID-19, that does not imply that it was caused by the virus; this still may be a coincident occurrence. More research is needed to understand how the two events are related.

Due to the pandemic and infection-containment considerations, diagnostic tests, such as a nerve conduction study that used to be routine for patients with suspected Guillain-Barre Syndrome, are more difficult to do. In both US cases, the initial diagnosis and treatment were all based on clinical examination by a neurological experts rather than any tests. Both patients survived but with significant residual weakness at the time these case reports came out, but that is not uncommon for Guillain-Barre Syndrome patients. The road to recovery may sometimes be long, but many patients can make a full recovery with time.

Though the reported cases of Guillain-Barre Syndrome so far all have severe symptoms, this is not uncommon in a pandemic situation where the less sick patients may stay home and not present for medical care for fear of being exposed to the virus. This, plus the limited COVID-19 testing capability across the U.S., may skew our current detection of Guillain-Barre Syndrome cases toward the sicker patients who have to go to a hospital. In general, the majority of Guillain-Barre Syndrome patients do recover, given enough time. We do not yet know whether this is true for COVID-19-related cases at this stage of the pandemic. We and colleagues around the world are working around the clock to find answers to these critical questions. 🦋

This article first appeared in The Conversation (theconversation.com) on 7 July, and is republished with permission

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Let's talk about carseats

... and children, says Kerry-Ann Phillips, who has some timely advice for parents



It's really nerve-wracking to look at statistics around child safety and vehicles. Take some figures from Cape Town, and you have a recipe for a sleepless night:

- Road traffic injuries are the leading cause of death in children between 5-14 years old in Cape Town.
- Up to 40% of children presenting to Red Cross War Memorial Children's Hospital (RCWMCH) in Cape Town following a road traffic crash required admission due to the severity of their injuries².
- In their study, Ferreira and Van As (2017) found that 73% of child passengers admitted to RCWMCH were unrestrained over a 25 year period (1991-2016)³.
- A recent observational study conducted in seven suburbs around Cape Town found that only 7.8% of child passengers were properly restrained in a car restraint system⁴.

But here's the good news: the World Health Organisations' Global Status report on road safety reports that child restraints are *highly effective when used correctly and reduces risk of death by 60%*⁵.

Local organisations promoting road safety in SA:

www.carseatfullstop.org
www.childsafe.org.za
www.arrivealive.co.za
www.wheelwell.org.za

#CarSeatFullStop's Mandy-Lee Miller collaborated on tips and guidelines found in this article

Legislation

The South African National Road Traffic Regulation 213 states that infants and young children, under the age of three years, must be seated in an appropriate car seat while being transported in a vehicle; and that a child up to the age of fourteen years, must use an appropriate car seat where available. This provision does not apply in the case of a minibus, midibus or bus operating for reward⁶. Best practice requires all children up to the age of ten years or 135cm in height to use a car seat, and there must also be restrictions of children sitting in the front seat of a vehicle⁷.

Seatbelts are designed for adults. Car seats are designed for children.

So here's what you need to know:

Three-point seat belts that are installed in vehicles are designed to be used by adults over 1.5m tall. The belt distributes the crash forces over the strongest points in the body, the mid-shoulder, chest, and pelvis. If a child under 1.5m uses a seat belt, it is likely that the seat belt will lie over the neck and the belly, resulting in a major threat to vital organs in a crash.

There are three types of car seats; infant seats, toddler seats (these are both rear-facing and forward-facing) and booster seats, or full back seatbelt positioning boosters.

Infant seats and rear-facing toddler seats recline further, and protect your child's head and neck, spreading the crash forces over the whole back. Ideally children should remain rear-facing as long as possible and only move to forward-facing car seats at about four years old.

Booster seats guide the seatbelt over the strongest points of your child's shoulder, chest and upper thighs, preventing sub-marining (when their buttocks slide forward in the seat so that their feet touch the floor and the seat belt then rests over the belly and neck).

These car seats are grouped and categorised by your child's height and weight. Progression to the next type of car seat should be done when they reach the limits of their current car seat, and not as soon as they fall within the limits of the next group.

STAGES

- **Infant seat** – Up to 13kg or 75cm in height, birth to one year approximately
- **Rear-facing toddler seat** – Up to 18kg or 105cm in height, approximately 1-4 years
- **Full back seatbelt positioning boosters** – Up to 36kg and 105cm to 1.5m tall, approximately 6-11 years
- **Seat belt** – Typically for children over 36kg and 145cm

Check the manufacturer's recommendations

There are also so-called multistage seats on the market. It's been proven that multistage seats will always have one 'stage' that it does very poorly in, because no single seat can meet the developmental needs of children of all ages.

Quick note: you can find seats called 'convertible' seats that offer both front-and rear-facing. Some only allow rear-facing up to 13 kg, and this may not be explained; be aware of this when you look at seats.

Check the manufacturer's recommendations on the labels of your car seat.

Weight is often a focus, but you should also ensure your child is the right height for the seat. Unless explicitly stated on the orange sticker on the body of a seat, the maximum heights on seats are:

- Infant seat, 75cm
- Toddler seats, 105cm
- Booster seats, 1.5m

It is also recommended to replace your child's car seat if it was involved in a moderate to serious crash as there may be damage to the plastic that you cannot see.

Is my car seat installed correctly in the vehicle?

Some car seats are installed with only a seatbelt, others use ISOFIX and a Top Tether as the anchorage system within the car. Any of these methods are effective if they are done correctly... every time.

- Check the labels on the car seat frame. These will tell you how to install the seat, which direction it should face and the weight limit for the child. Remember that toddler car seats may have a different weight limit when rear-facing than when they forward-face.
- There will either be blue and/or red guides on the car seat to show you where the seatbelt should go as part of the installation. Blue guides are for rear-facing seats (such as infant car seats and some toddler seats), and red guides are for forward-facing seats (some toddler seats and booster seats)
- Once installed, the seat should not move more than 2-3cm when shaken at the base.

Is my child sitting correctly in the car seat?

How much does your child weigh? When last did you check? When last did you check if they still fitted into their car seat correctly?


Even if you have thrown the user manual away with the packaging and you can't find another online, you can always go back to the car seat manufacturer for the instructions.

- Your child's head should rest between the sides of the headrest with the top of their ears below the top of the head rest
- This is critical: the harness should be at or just below the level of the shoulders if it is rear-facing; if forward-facing, it should be at or just above the shoulder. If the harness wraps over the shoulder before inserting into the car seat, then the harness straps or the back height should be adjusted to be longer
- The harness should be tight enough that you cannot put more than two fingers underneath the harness at the collarbone
- You should not be able to pinch the fabric of the belt between your fingers
- There should be no twists in the belt, as this compromises the car seat's effectiveness during a crash

When taking your child out of the vehicle, rather loosen the harness before unclipping, making it easier to free the arms. This also ensures that you can tighten the harness to the correct tension on every trip. A winter jacket can change the size of the harness straps.

When is my child seat belt ready?

Your child is seat belt ready when she or he passes the Five-Step test, as it's often called, with a check-mark that every single one of these is doable:

- Sit with back against back rest and legs flat on seat
- Knees bend over edge of car's seat, feet flat on floor
- Shoulder belt smooth and diagonal across the chest, between neck and shoulder
- Lap belt as low as possible, way from belly
- They can remain comfortably like this for the whole trip. 

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SIG

Athlete care during COVID



COVID-19
STORY

SASP National Executive Committee member and physiotherapist with an interest in sport, Brent Grimsley, interviewed paralympic medalist Tyrone Pillay to understand how COVID has impacted elite athletes during this time and to ask what expectations athletes have from their physiotherapists.

Brent currently works as Chief Physiotherapist at Prime Human Performance institute at Moses Mabidha stadium in eThekweni, where he looks after elite and high-performance athletes and various professional teams in multiple sporting codes.

Tyrone Pillay is a paralympian who went to the Rio Para-Olympics. He won a bronze medal at the 2016 Paralympics in shotput and is currently the South African and African record holder. He has been competing for over 10 years at international level.

Tyrone, how have your training and normal routines changed during COVID?

My day-to-day training has been really affected by COVID. I normally train for over six hours a day and now I can't even get about an hour. There is no routine and no structure.

How have you been affected physically by COVID?

COVID has affected me from the point that I am having to do things that I don't normally do. I think the constant sitting has really affected me, and the lack of activity. I picked up a neck issue due the constant sitting which resulted in massive headache and change of my posture. I also had to do some cycling on my wife's bike on a trainer, which resulted in a back injury due to a much smaller bike frame.

Brent's comment: Ty had to use home exercise equipment that was not suited for him. Unfortunately, not all athletes are equipped at home to do heavy lifting

and conditioning such as what they would do in a high-performance gym environment. This and the prolonged sitting caused his hip flexors to shorten and created lower back pain and neck strain.

He was in a conditioning block aimed to peak at the Olympics. This kept his back extensors and core strong. The sudden transition, from a controlled high level of training to sitting a lot, created muscle imbalances.



How have you been affected mentally as an athlete by COVID?

At the start I was not affected mentally as I was focused and very busy, trying to keep myself occupied, but by week five I started to struggle and lots of things were going through my mind.

Also, when you see other athletes training and going about things as normal, while you stuck in lockdown,

it can really get to you, but I always think of what my psychologist says: focus on the controllable and not on the uncontrollable.

Brent's comment: I have seen that athletes really struggle with identity in this time. I have seen this before in elite athletes after retirement. Suddenly, everything you trained for your whole life, everything people and the media see you as, becomes obsolete, as you have no goal to work towards. There's a lot of uncertainty as to when sports will resume, if there will be an Olympics next year or not, salary and sponsors are being cut, and not getting the adrenaline 'fix' on a weekly basis through competing and training have led to real psychological issues in athletes who are normally mentally strong.


As a paralympic athlete, what do you expect from your physio in this time?

I always need physio, up to twice a week normally. I guess the issue with disabled athletes is that our bodies always go out and lose alignment very easily. I also needed advice initially on my injury with social distancing being adhered to; thus, telehealth consults. I also require feedback sessions on how I'm doing and if I have been experiencing any issues physically. So it's about advice on how to improve mobility and flexibility. Luckily, I have been able to see Brent at our High-Performance Medical Centre for treatment during this time, under extremely strict infection control policies.

Brent's comment: It is important for you as a physio in sport to understand that suddenly these high profile athletes, who never sit much and are always fit and strong physically and mentally, become the same as our chronic neck and back patients who are passive and have stress-related tension. Our job is to help get them active again, get them loading correctly, maintain their flexibility and mobility and look after them mentally by being supportive and positive during this time. Avoid language that creates negativity. Create small goals for them and build it up as the lockdown eases and they head back into sport.

Tyrone, any advice for athletes and their physios on how to cope during this time?

This time has been a difficult one for everyone and I think it's about staying positive and keeping yourself in a good mind space. Think positively and think about how things will turn around and how we will be going forward from here much stronger.

Brent's comment: Ty and I did an Instagram live interview about these topics, which was really well received worldwide. We realised how many people are really struggling physically and mentally during this time. Try and keep well-informed, stay away from media hype, avoid negative speaking, and keep the hope alive. South Africans are tough, we can adapt to anything. It's a new normal and that's okay for now. 



News from sister scientific disciplines

Want to know more about findings from broader medical frontiers?
Read on!

Association of smoking with abdominal adipose deposition and muscle composition

Abstract

Background

Smokers have lower risk of obesity, which some consider a “beneficial” side effect of smoking. However, some studies suggest that smoking is simultaneously

associated with higher central adiposity and, more specifically, ectopic adipose deposition. Little is known about the association of smoking with intermuscular adipose tissue (IMAT), an ectopic adipose depot associated with cardiovascular disease (CVD) risk and a key determinant of muscle quality and function. We tested the hypothesis that smokers have higher abdominal IMAT and lower lean muscle quality than never smokers.

We found that current smokers had higher proportions of fat within their abdominal muscles and visceral fat around their internal organs

Conclusions

We found that, compared to those who never smoked, current and former smokers had abdominal muscle composition that was higher in adipose tissue volume, a finding consistent with higher CVD risk and age-related physical deconditioning. These findings challenge the belief that smoking-associated weight loss or maintenance confers a health benefit.

Why was this study done?

Smoking and obesity are, separately, well-known health risks for cancer and cardiovascular disease (CVD).

Smokers often have lower risk of obesity measured using BMI, leading to the misconception of a ‘beneficial side effect’ to smoking.

Even with a lower BMI, smokers may have a higher risk of depositing fat (more properly called adipose tissue) in and around organs and tissues compared to those who never smoked. This type of fat carries higher risk and may interfere with organ and tissue functions.

What did the researchers do and find?

We used computed tomography (CT) to measure abdominal fat deposited just below the skin’s surface (subcutaneous fat), around organs including the intestines (visceral fat) and abdominal muscles (intermuscular fat), and inside the muscles (intramuscular fat) in 3,020 middle-aged participants in the Coronary Artery Risk Development in Young Adults (CARDIA) study.

We found that current smokers had higher proportions of fat within their abdominal muscles and visceral fat around their internal organs compared to never smokers, whereas those who had quit smoking had intermediate levels of visceral and intramuscular fat.

What do these findings mean?

Despite lower BMI and subcutaneous fat, smokers appear to be at risk of accumulating organ-associated fat and intramuscular fat that have been shown to increase circulating blood fats and sugar.

This may, in turn, explain some of the hidden, higher risk of CVD and disability in smokers.

Reference

Association of smoking with abdominal adipose deposition and muscle composition in Coronary Artery Risk Development in Young Adults (CARDIA) participants at mid-life: A population-based cohort study
James G. Terry et al, PLOS One July 21, 2020, <https://doi.org/10.1371/journal.pmed.1003223>



Fewer hip fractures may be associated with reductions in smoking, heavy drinking

A new study, which analysed 40 years of Framingham Heart Study data, found an association between lowered rates of hip fractures and decreases in smoking and heavy drinking. The rates of hip fractures in the United States have been declining over the past few decades. Although some experts attribute this change primarily to improved treatments for bone health, a new National Institutes of Health-supported study suggests other factors. These results indicate that modifiable lifestyle factors, along with treatments, may be beneficial to bone health. The findings appeared on 27 July 2020 in JAMA Internal Medicine.

Timothy Bhattacharyya, a researcher with the National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), part of NIH, led the analysis to determine what may be causing the drop in hip fracture rates.

The analysis included information from 4,918 men and 5,634 women who participated in the Framingham Study. These individuals were followed for a first hip fracture between 1 January 1970, and 31 December 2010. The rates for hip fractures, which were adjusted for age, dropped by 4.4% each year across the 40-year study period. The decrease was seen in both men and women.

In this group, the rate of smoking decreased from 38%

in the 1970s to 15% in the period from 2006 to 2010. During the same period, heavy drinking (defined as three or more drinks per day) fell from 7% to 4.5%. The rates of other risk factors for hip fracture, such as underweight and early menopause, did not change over the study period.

"This study points to the continued need for public health interventions to target modifiable lifestyle factors such as smoking and drinking, in addition to considering osteoporosis treatments in individuals at risk of hip fractures," said Bhattacharyya.

The study authors note that because the data was exclusively from white individuals, it is unclear whether other populations might show a similar correlation based on lifestyle factors. Another limiting factor was that Framingham participants had lower rates of obesity than the national average. Additionally, the study did not include measurements of bone mineral density, because such testing was not available until the 1990s.

Reference

Swayambunathan J, Dasgupta A, Rosenberg PS, Hannan MT, Kiel DP, Bhattacharyya T. Incidence of Hip Fracture Over 4 Decades in the Framingham Heart Study. JAMA Intern Med. Published online July 27, 2020. doi:10.1001/jamainternmed.2020.2975. (Excerpted and adapted from EurekAlert, 27 July 2020)

How the second brain in the gut communicates

Abstract

A novel mode of sympathetic reflex activation mediated by the enteric nervous system.

Enteric viscerofugal neurons provide a pathway by which the enteric nervous system (ENS), otherwise confined to the gut wall, can activate sympathetic neurons in prevertebral ganglia. Firing transmitted through these pathways is currently considered fundamentally mechanosensory.

The mouse colon generates a cyclical pattern of neurogenic contractile activity, called the colonic motor complex. Motor complexes involve a highly coordinated firing pattern in myenteric neurons with a frequency of ~2Hz. However, it remains unknown how viscerofugal neurons are activated and communicate with the sympathetic nervous system during this naturally-occurring motor pattern.

Here, viscerofugal neurons were recorded extracellularly from rectal nerve trunks in isolated tube and flat-sheet preparations of mouse colon held at fixed circumferential length. In freshly dissected preparations, motor complexes were associated with viscerofugal firing



It's possible to overcome certain aspects of spinal cord injury-induced bone marrow failure. This could have an immediate impact on people affected by spinal cord injury

at 2Hz that aligned with 2Hz smooth muscle voltage oscillations.

This behavior persisted during muscle paralysis with nicardipine. Identical recordings were made after 4-5 days organotypic culture during which extrinsic nerves degenerated, confirming that recordings were from viscerofugal neurons. Single unit analysis revealed the burst firing pattern emerging from assemblies of viscerofugal neurons differed from individual neurons, which typically made partial contributions, highlighting the importance and extent of ENS-mediated synchronization.

Finally, sympathetic neuron firing was recorded from the central nerve trunks emerging from the inferior mesenteric ganglion. Increased sympathetic neuron firing accompanied all motor complexes with a 2Hz burst pattern similar to viscerofugal neurons. These data provide evidence for a novel mechanism of sympathetic reflex activation derived from synchronized firing output generated by the ENS.

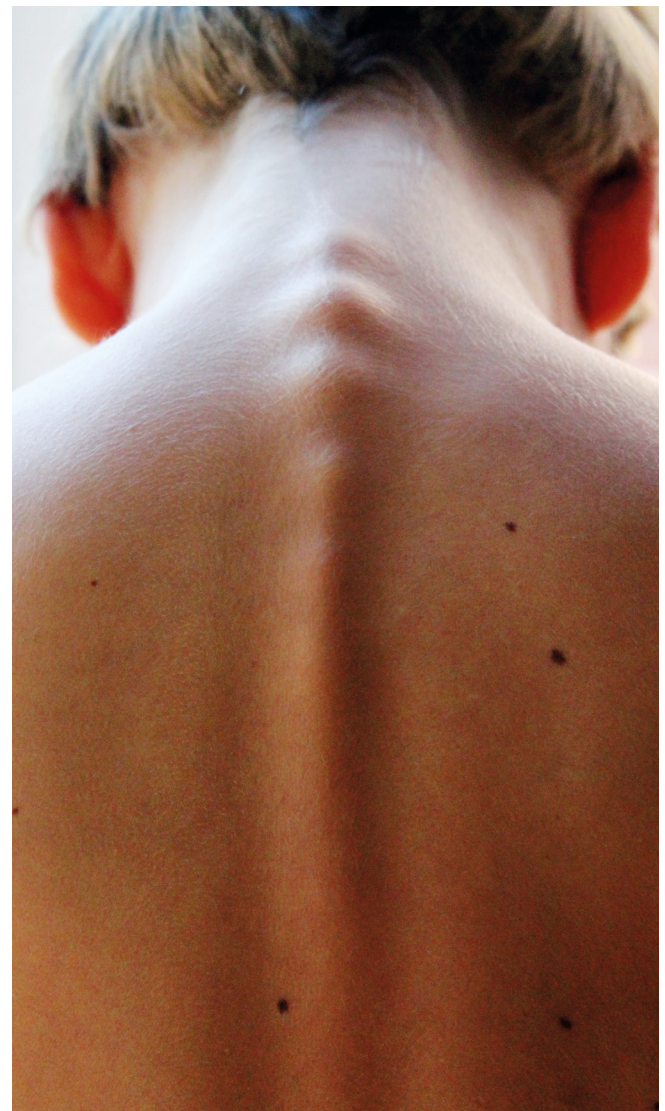
Significance statement

Significant interest exists in how the gut can control other body systems. Enteric viscerofugal neurons uniquely project axons out the gut wall forming circuits with prevertebral sympathetic neurons. Long considered principally transmitting mechanosensory information, a new mechanism is demonstrated here whereby a synchronized ENS-generated firing pattern underlying natural gut motor behaviour is also relayed through populations of viscerofugal neurons.

Remarkably, this caused parallel firing in sympathetic neurons in the pattern generated by the ENS. This did not require dynamic mechanical activity. The identification of this mechanism revises the current concept of sympathetic reflexes being simply distension reflexes.

Reference

Hibber, Tim, et al, A novel mode of sympathetic reflex activation mediated by the enteric nervous system, *Journal euneuro*, July 2020
DOI 10.1523/euneuro.0187-20.2020
(NeuroScience) News 25 July 2020



Spinal cord injury causes bone marrow failure syndrome

Research conducted at The Ohio State University Wexner Medical Center and The Ohio State University College of Medicine found that spinal cord injuries in mice cause an acquired bone marrow failure syndrome that may contribute to chronic immune dysfunction.

"We also found that it's possible to overcome certain aspects of spinal cord injury-induced bone marrow failure. This could have an immediate impact on people affected by spinal cord injury," said lead author Phillip Popovich, chair of the Ohio State Department of Neuroscience and executive director of Ohio State's Belford Center for Spinal Cord Injury and Center for Brain and Spinal Cord Repair.

Spinal cord injury (SCI) is known to cause immune system dysfunction, which increases the risk of infections. This, in turn, increases hospitalizations and premature death.

Immune cells are made in the bone marrow. Healthy bone marrow requires proper communication with the nervous system, notably the spinal cord.

"Our research shows that spinal cord injury causes stem cells in the bone marrow – those required to make new immune cells – to rapidly divide. But after cell division, these cells become trapped in the bone marrow. We discovered one possible explanation for this," said Randall S. Carpenter, first author and recently graduated PhD student from Ohio State's Neuroscience Graduate program.

Notably, in bone marrow of mice with spinal cord injuries, there's an increase in chemical signalling between stem progenitor cells and support cells in the bone marrow. This enhanced signalling locks the cells down so they can't move away from the "niches" in which they are born and develop.

Spinal cord injury (SCI) is known to cause immune system dysfunction, which increases the risk of infections. This, in turn, increases hospitalizations and premature death. Image is in the public domain.

This lockdown can be reversed by post-injury injections of the FDA-approved drug Plerixafor, a small molecule inhibitor of CXCR4, a chemokine receptor. Even though Plerixafor frees blood stem cells and mature immune cells from bone marrow, other techniques showed that the intrinsic long-term functional capacity of bone marrow stem/progenitor cells is still impaired for several months post-injury.

Bone marrow failure diseases develop when the bone marrow can't produce enough healthy mature white and red blood cells. Normal aging and various diseases including diabetes, cancers and chemotherapy also trap mature and immature cells in the bone marrow.

"In spinal cord injury patients, Plerixafor could be a potentially safe and effective way to mobilize cells from the bone marrow niche to help restore immune function. In fact, Plerixafor is already used in other clinical indications to help reverse immunodeficiency in patients; it just hasn't been used after spinal cord injury," Popovich said. "While this study was done in mice, these new data help explain observations that have been made in humans with spinal cord injuries," Popovich said. "More research is needed to understand why the bone marrow failure develops, and whether it's permanent." 🌟

Reference

Carpenter, R.S., Marbourg, J.M., Brennan, F.H. et al. Spinal cord injury causes chronic bone marrow failure. *Nat Commun* 11, 3702 (2020). <https://doi.org/10.1038/s41467-020-17564-z> (NeuroScience News 24 July 2020)



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Backs and Hands to the future!

Gillian Adams reflects on BackWeek (now known as National Physiotherapy BackWeek)

Having run the very first two Back Weeks myself, I am really thrilled that it has continued all these years and been so helpful to the public.

I thought I would like to share how it all started and while I'm about it, to tell you the story behind the Hands Logo, too.

I was on the Action Committee of the SASP National Executive Committee (NEC) along with the Chair, Francis Glauber, Ingrid Marren, Louise Hack, Lo-Anne Roux (who computerised the SASP), Lorraine Jacobs and Claudine Bennett. In 1984, the chiropractors had just started a promotional drive and we were pressed to find a way of promoting physiotherapy. I was treating a lot of back patients at that time, and we all know how many people are likely to develop back problems, so voila! Back Week was born.


We now needed a poster. We ran a competition for the art students at the Pretoria Technicon. This was our first winning poster, followed by a new winner the next year.

Physiotherapists set up stands and gave lectures and exercise demonstrations at various venues around the country. Oh for technology then – those were the days of overhead projectors and transparencies! I still have a set, believe it or not.

It was very hard work but there was a great spirit amongst the physios, which I still see today. Thank you all! May Back Week long continue.

The Hands Logo came from the same committee. It was back to the Pretoria Technicon art department for another competition. And again, voila! The winning logo has lasted a very long time. The only sad thing is, we have lost the name of the artist.

At the last SASP Congress, my esteemed colleagues, Ingrid Marren, Lorraine Jacobs and I had such a good chat looking back on our Action Committee days and were tickled that the three of us landed up presenting at the 2018 Congress after all those years.

It is fun being involved with the SASP! 



A graduation to remember...

Dimpho Radingwana, Community Service Physiotherapist, talks about how the commservs were surprised by colleagues at Chris Hani Baragwanath Academic Hospital.

This year we have been unfortunately hit by the worldwide pandemic of what have all come to know as 'coronavirus', leading to a national lockdown and putting a hold on many gatherings in our country. This has meant that thousands of 2019 graduates were unable to have a formal graduation. In the words of Nesrae: "Graduation is an exciting time. It marks both an ending and a beginning, it's warm memories of the past and big dreams for the future..."

Everyone deserves to take part in this celebration, as it marks an important milestone in their lives. Worldwide, no one ever imagined 2020 metamorphosing into the new ways of isolation, limited movement and essential workers rising to the call. This year was going to mark the beginning of our 'commserv' lives, where we discover where we want to end up in this world, exploring the different avenues of physiotherapy, widening our knowledge and strengthening our physio skills. We knew that **Bara Physiotherapy Department** would contribute greatly to our knowledge and skills in more than just the physio spectrum, but never did we imagine that we would gain, as Sinead Wilhase describes it "... a family where life begins and love never ends". It did not take too long for me to realize that the physio department at this hospital is like a close-knit family, always there to guide us newbies.


On 30 April, a random Thursday afternoon, we were called to attend a commservs meeting, a ruse to get us out of the way while the rest of our department decorated the 'graduation hall'. A wonderful surprise was bestowed upon us as we marched right into our very own graduation ceremony – it was truly unexpected!

Just like the traditional graduation, we had our family seated in the room – in this case it was our 'Bara family', our supervisors, sitting in front of the audience and just waiting to shake our hands (or rather, bump elbows), as we received our degrees. Minutes later the national anthem was sung and a beautiful speech was delivered by our head of department, Elizma Haarhoff. The tears just started flowing!

This surprise truly cemented the bonds between the commservs and the rest of the department. "It was an opportunity for my colleagues who were not fortunate enough to have the experience, to be able to savour their special moment," said one of the commservs. "The Bara physio family has helped me grow a lot in the past few months through their support in every way and for that I will forever be grateful and proud to be part of their thoughtful and generous family," said Thando Mavuso, as she made her toast and shed more than a tear at the after-party. Physiotherapy Masters graduate, Sabeeha Dangor, was also congratulated at the ceremony. She spoke of how the little details and big gesture made her feel: "... knowing that I belong to a team of dynamic and inspiring therapists warms my heart even more".

This surprise graduation was one of the most emotional and memorable experiences for us all. It was an event that was so much needed after we'd been given the news that our graduations were postponed. It was

the perfect gesture, especially at a time when the pandemic began taking a toll on many people's mental health. Graduation isn't the end of a tough journey; it is the beginning of a beautiful one. We got off to a smooth start, we are currently going through a rough and rocky

middle patch, but I have no doubt that it's going to have a remarkable end! At the end of all this, South Africa as a nation will be successful and healthcare professionals will emerge stronger and wiser. And physiotherapists will surely be more flexible than ever... 





Doing good in the Western Cape

Chanel van Zyl, SASP Western Cape chair, is delighted to share reports on the events that the Western Cape has been involved in recently

The Western Cape decided to run a social responsibility project based on the reminder of the importance of nutrition during the Covid-19 pandemic, as mentioned by the President of the Society, Rogier van Bever Donker.

The Tygerberg area of the Western Cape tops the numbers of Covid-19 related cases and has been hit the hardest in terms of unemployment, food security, job security and being able to care for their families. For this reason a decision was made to provide 86 known needy families in the greater Goodwood area with food and cleaning agent parcels. Our PRO, Annemarie Steyn, and the provincial secretaries flew into action and made the necessary arrangements with a local food chain store. One of the secretaries, Leona van Wyk, arranged a sponsorship for strong packaging bags and toilet paper and the big packing day arrived. Bags were packed with great enthusiasm and joy.

The Western Cape SASP office teamed up with the local Goodwood Neighbourhood Watch who agreed to do all the deliveries of the parcels at no cost. The parcels were





delivered on the morning of Mandela Day, 18 July, simultaneously with the running of the Western Cape AGM.

Recipients of the parcels were absolutely gobsmacked and grateful. This is truly a humbling experience and makes one realise how grateful we should be for what we have.

A few of the messages received from recipients:

"Good day to you Leona, hope you and your family are well and healthy, we thank you for caring for us. May you and fellow workers be blessed with what you are doing. Keep safe and healthy."

"Baie baie dankie, julle het geen idee hoe baie dit beteken vir my nie. Ek het my werk verloor maar God voorsien. Nogmaals dankie."

From the Glenwood neighbourhood watch who distributed for us in their area:

"Baie, baie dankie vir die pakkies, julle het werklik 'n goeie werk gedoen. Uitstekende gebalanseerde pakkie. Dra asseblief ons dankie oor aan almal wat gehelp het met die sukses daarvan, veral natuurlik aan julle organisasie, Physio SA. Very well done." 🌟

Learning about pelvic health

Lauren Ellis reports back on Pelvic and Women's Health Module 1: Cape Town February 2020



"When career goals become your reality."

Being able to attend the Pelvic and Women's Health module 1: the Hypertonic Pelvic Floor in Cape Town was so powerful. Getting introduced to the pelvis in more depth really blew my mind.

Module 1, which was run from the 7-9 February, hosted 10 participants with some even flying in from other provinces, representing all levels of experience. The module was presented by Lonese Jacobs who shared her knowledge and expertise in this field with such passion that it truly made the three days a real pleasure. Unfortunately, we had some Eskom load shedding, to which Lonese responded with creative adaptations which made our learning even more worthwhile.

Initially there was some anxiety about 'gloving up', but that was soon a distant thought thanks to the way Lonese guided us, explained and made a complete safe space for us all. The idea of being completely vulnerable in a room of total strangers initially terrified me, which helped me understand how patients might feel and perhaps why

patients shy away. It was a huge "ta-dah moment" for me. Thankfully by the end of the three days, I was so much more comfortable and no longer terrified. It was a very empowering confidence-enhancing moment for me in my career. Being equipped with the tools and confidence to start assessing and treating patients is such a boost.

The three-day course took place at HiTech Therapy's upstairs area which made for a small, intimate learning experience.

All things pelvis, pelvic floor with incontinence and constipation were some of the highlights, not to mention all the opportunities that arose after the module in the varied public facilities to upskill and work in the clinics both in Western Cape and Gauteng. Giving back to communities is such an uplifting feeling.

Thank you, Western Cape, for hosting such a well-run and well received module.


Looking forward to module 2; if module 1 is anything to go by, I'm sure it's going to be a huge success! 🌟



Elias Sitemere

Accounting Officer

Elias is a registered CIMA accountant and joined the SASP in August 2018 as Accounting Officer. He has been instrumental in dealing with monthly group finances, providing assistance to group treasurers and plays a vital role in ensuring the SASP's annual audit runs smoothly. He also provides quarterly

reports to the SASP's Financial Committee. Contact him today if you have any group or general SASP finance queries! 011 615 3170 or accountingofficer@saphysio.co.za. #IAMSASP 

Science

Outcomes of cardiovascular magnetic resonance imaging in patients recently recovered from COVID-19

Excerpts from the abstract

Coronavirus disease 2019 (COVID-19) continues to cause considerable morbidity and mortality worldwide. Case reports of hospitalized patients suggest that COVID-19 prominently affects the cardiovascular system, but the overall impact remains unknown.

Objective To evaluate the presence of myocardial injury in unselected patients recently recovered from COVID-19 illness.

Design, Setting, and Participants In this prospective observational cohort study, 100 patients recently recovered from COVID-19 illness were identified from the University Hospital Frankfurt COVID-19 Registry between April and June 2020.

Conclusions and Relevance In this study of a cohort of German patients recently recovered from COVID-19 infection, CMR revealed cardiac involvement in 78 patients (78%) and ongoing myocardial inflammation in 60 patients (60%), independent of preexisting conditions, severity and overall course of the acute illness, and time from the original diagnosis. These findings indicate the need for ongoing investigation of the long-term cardiovascular consequences of COVID-19.

Reference

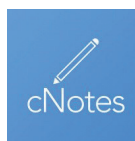
Outcomes of cardiovascular magnetic resonance imaging in patients recently recovered from Coronavirus Disease 2019 (COVID-19). Valentina O. Puntmann, et al, JAMA Cardiol. Published online July 27, 2020. doi:10.1001/jamacardio.2020.3557

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MY Appointment **My Appointment Online**

Real-time booking platform and mobile app with an optional business management component. **SASP members receive a 16% discount.**



cNotes cNotes is an application designed to enhance the way you take clinical notes. It takes the advantages of working with pen and paper and merges them with the convenience of a digital tool that can be accessed from anywhere, at any time. **SASP members receive a 16% discount.**



PhysioTools

PhysioTools produces

exercise software for professionals who need to create exercise programs and information handouts for their clients. Our software may be used from any device with Internet access to create personalised exercise programs with high-quality videos that can be emailed, printed or sent to PT Momentum - the exercise motivator App. This not only helps physiotherapists and other professionals to increase their efficiency, but also to improve customer experience and satisfaction. PhysioTools is easy to use, saves time and gives access to the world's largest library of exercises, for all areas of the body, created in co-operation with renowned authors, publishers and leading specialists in their field. The exercises may be delivered to clients in up to 28 languages. **SASP members receive a 16% discount.**



PENCIL ME IN™ – A smart booking solution

Gives you all the benefits of your existing diary and a whole host more! Gives you total control of your bookings and appointments. Gives you total confidentiality for yourself and your customers. No one sees what they shouldn't, ever! You need an always-on, smart booking service that will never let you down. Easy to schedule, easy to manage, easy to arrange and rearrange and all the tracking and chasing and notifying and reminding is automatically done by the system. You get to set the level of transparency you want your customers to have. Give them the power to see the free time slots and make their own bookings, or you can run it yourself, the choice is yours. **SASP members receive a 16% discount.**

Please remember to request your SASP membership discount if you use these companies' services.

Participating companies can be viewed at:

www.saphysio.co.za
> membership-groups > members-benefit-programme > members-benefit-companies



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An exercise plan from a physiotherapist can help your COVID-19 recovery



Exercise is an important part of your recovery from COVID-19, paced to match your needs. As experts in movement and exercise, physiotherapists can guide you in how exercise can help:

- improve **fitness**
- reduce **breathlessness**
- increase muscle **strength**
- improve **balance** and **coordination**
- improve your **thinking**
- reduce **stress** and improve **mood**
- increase **confidence**
- improve your **energy**



Post-viral fatigue syndrome

Up to 10% of people recovering from COVID-19 may develop post viral fatigue syndrome (PVFS). If you feel you are not improving, or if activity is making you feel much worse, speak to your physiotherapist or healthcare practitioner and ask them to assess you for PVFS. The rehabilitation of people with PVFS requires different management strategies.



Percussion Therapy

The Hypervolt is a cordless state-of-the-art vibration massage device that helps relax sore and stiff muscles to improve mobility.



The Vyper 2.0 is a high-intensity vibrating fitness roller that allows you to warm up and recover faster



Great for improving grip strength, flexibility, range of motion, and circulation.



Please read the entire Instructions for Use. Hyperice_Recovery and Movement Enhancement Technology [online]. Available at <https://hyperice.com>. [Accessed Jan 2020] Reg. no. 2000/004208/07. 1 Sabax Road, Aeroton, Johannesburg, 2013 Tel. +27 11 494 8000. 202001281011226



Aerobika® device is clinically proven to reduce COPD flare-ups.



breathlessness
chronic cough
recurring lung infections

If you have experienced any of these symptoms, the **Aerobika®** device may help.

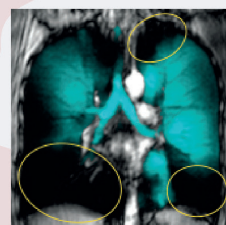
aerobika.co.za



Trudell Medical International*

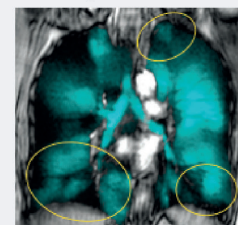
Clinically validated by MRI Lung Imaging:

BEFORE
Baseline Care



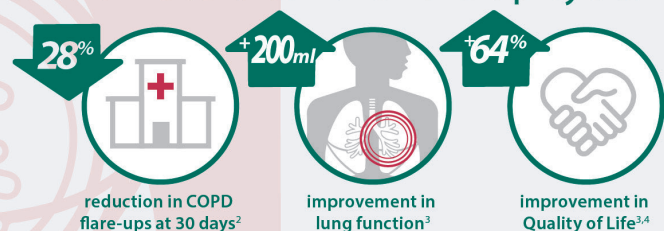
AFTER

Baseline care plus **Aerobika®** device



Teal colour and intensity show areas with air distribution. Yellow circles represent areas of greatest change **after 3-4 weeks of Aerobika®** device use.¹

It's time to break the flare-up cycle.



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