BETTER CARE SERIES

Better Care of Children with Locomotor Disability

Marching ahead for better tomorrow

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BETTER CARE OF CHILDREN WITH LOCOMOTOR DISABILITY

Marching ahead for better tomorrow

(A Handy Guide for General Public & Health Workers)

(Also available in Hindi)

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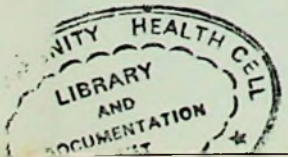


Contents

Section One

Introduction

Sharing and Caring is life

In most developing countries, people with disabilities are the largest minority group. As a group they are starved of services and facilities available to the non-disabled and, consequently, are the least nourished, the least healthy, the least educated, the least employed. They are subject to a long history of neglect, isolation, segregation, poverty, deprivation, charity and even pity.

The plight of the disabled in India is not dramatically different. The immense responsibility for the care of the disabled is generally left to their families and a few insitutions managed by voluntary organisations and the government. Since the disabled, as yet, do not have any economic or political or media power in India, they tend to be mostly ignored by society.

Disability, despite being a human rights issue faces several obstacles. The inaccessible public and private buildings, schools, colleges, offices, factories, shops etc pose the biggest barriers.

Mythological references indicating divine displeasure on those with disability is often the cause of religious and cultural barriers in society. Children with disability, especially girls, get harsh treatment with the constant allegation

Disability only becomes a tragedy when society fails to provide the things we need to lead our lives - job opportunities or barrier-free buildings, for example. It is not a tragedy to me that I am living in a Chair.

Judy Heumann

Lakshmi at home - comfortable in all situations

A new beginning

Her bright eyes shine with hope and confidence. Her crutches do not seem to matter to her as she rushes forward to steady a younger child groping for his crutches. Then she spends a few moments helping another disabled youngster to eat his food. Her face reflects the warmth and affection she has received from the teachers, counsellors, therapists, friends and relatives who have given her the confidence she possesses in herself due to the constant care. Lakshmi, afflicted with polio as a baby, is the sister of two older brothers and the daughter of poverty stricken parents. Her mother is a housewife while her father is a daily wage earner. As a neglected girl child, she always felt jealous of the care bestowed on her brothers but the miracle of care at the institution she went to has not only made Lakshmi mobile but has also inculcated immense confidence in her. She has now blossomed into a lovely, creative and independent young girl. She is now envied by those whom she envied.This indeed is the miracle of constant care. There are, unfortunately, several hundred Lakshmis afflicted with various types of locomotor disabilities who need to be cared for, for a better life and brighter future.

Lakshmi today is a watch repair mechanic earning Rs. 1700/- per month. She comes on a motorised tricycle from Paharganj and several times gives lifts to people on the way. Her self esteem is incredible. Her smile has broadened and it travels for miles giving strength to many around.

of being a liability. They are viewed with prejudice and are considered incapable, resentful, bitter, abusive, unhealthy, dependent on charity, a burden on society and a drain on family resources. These attitudinal barriers are the most difficult ones to remove. The image of children with disability itself has a disabling image, creating inferiority complex, fear, ridicule, lack of self confidence and limited social participation.

Another obstacle of course, is that of equal and active participation in all activities. The age-old obstacles of accessibility to education, training and employment dissuades and depresses children with disability. Such obstacles, however, are slowly diminishing with better awareness and efforts of the Government, NGOs, public and private sectors as well as communities at large. The breakthrough in legislation has created a ray of hope. After a long struggle the disabled have got the "Persons with Disabilities (Equal opportunities, Protection of Rights and Full Participation) Bill, 1995, passed in India.

The implementation of the Bill includes care of children with Locomotor disability in their pursuit of education, vocational training and employment. Each member of society is expected to care for the less privileged. It is very much a part of our culture. Living for others and service above self are ideal goals which can brighten the lives of several children who, given the opportunity, can lead a life of equality and dignity.

Estimates of the number of the disabled vary a great deal, depending on the definitions, the source, the methodology and the extent of scientific instruments used in identifying and measuring the degree of disability. It is estimated that the population with disability in India is approximately over 90 million, of these 12 million are blind,28.5 million are with low vision, 12 million are with speech and hearing defects, 6 million orthopaedically handicapped, 24 million mentally retarded, 7.5 million mentally ill, 1.1 million leprosy cured.

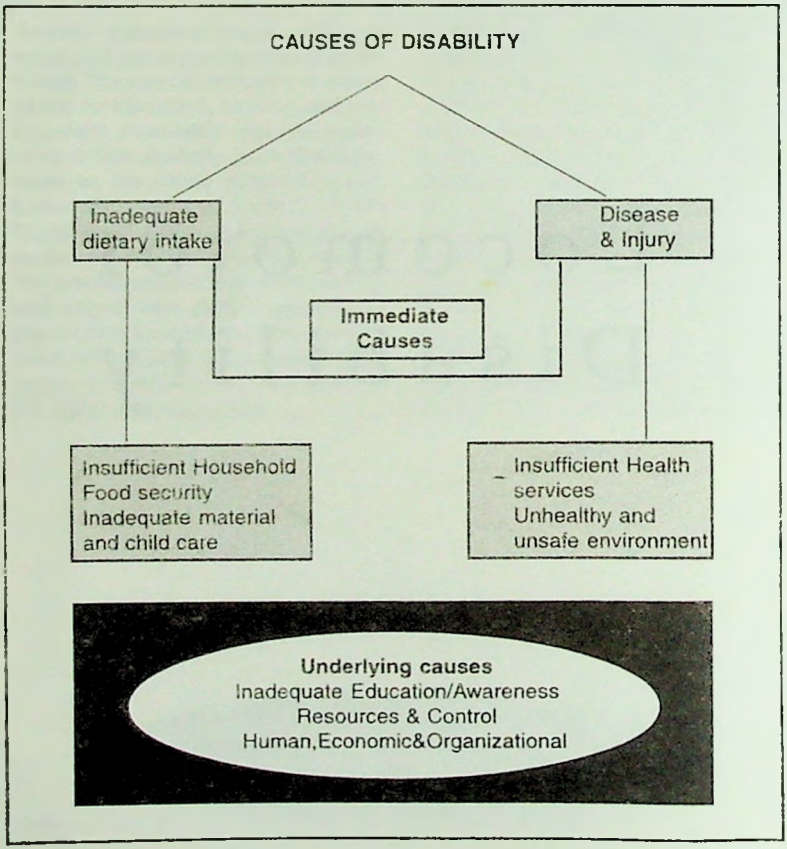
Accept the child with disability
Provide opportunities for independent functioning

Section Two

Locomotor Disability

Causes and Prevention

Locomotor disability is generally understood to mean the loss or lack of normal ability of an individual to move both himself/herself and/or objects from one place to another. It can occur due to cerebral palsy, polio, leprosy, stroke, arthritis, cardio-respiratory diseases, burns, injury other than burns, medical/surgical interventions,old age, other illnesses.



The most common diseases leading to disabilities are poliomyelitis, muscular dystrophy, cerebral palsy, leprosy, injuries, spinal, cord injuries, bones and joints disorders, maldevelopment of locomotor organs, rickets, TB and accidents.

Polio: Polio is caused by polio virus and results in permanent paralysis of the muscles. It sometimes affects lower limbs or upper limbs and in some cases, it may affect both. Corrective surgeries, therapeutic treatment as well as provision of aids and appliances can lead to mobility and efficacy.

Cerebral palsy: Cerebral palsy is caused by birth anoxia i.e. lack of oxygen supply to the baby's brain at the time of birth. Anoxia can be a result of prolonged labour or misuse of oxytocics injections given to hurry up labour. There are special and therapeutic approaches for care of children affected by cerebral palsy.

Teratogenic effect of Thalidomide: When given to pregnant mothers, this drug can lead to deformities in the child.Early intervention of a specialist is always advisable.

Rickets: Rickets are caused due to lack of Vitamin D in early age causing bony deformities. Proper pre-natal and post-natal care as well as early intervention is required to avoid rickets.

Maldevelopment of locomotor organs : Maldevelopment of locomotor organs is due to disease during pregnancy or effect of drugs taken by the mother in early pregnancy. This can be taken care of by timely counselling on proper care of pregnant mothers, especially during the first tremester.

Accidents and injuries: These are responsible for a large percentage of people being disabled at home, or at the workplace or on the roads. The following are some examples :

1. Accidents on the road are a major cause of disability. Children often become disabled in road accidents because they are playing on roads and are not watching out for cars or are riding a bike on a road when they are not old enough.

2. Fireplaces and open flames are a major cause of disability from burns. Bad burns or ones that are not treated correctly can cause the skin and muscle to shrink or become tight so that the person cannot use that arm or leg. Also, burns can make the person look different. This often leads to people teasing such persons or avoiding them.

Early Detection of Disability:

There are several ways of detecting childhood disability without training or special skills. The first level is called screening.

The next level of detection is called simple assessment. This is done by close examination by a person who has had special training in childhood disability. Both the childhood development poster and the early detection assessment are based on developmental milestones at 6 different age groups : 3 and 6 months and 1,2,3 and 5 years of age These milestones include the four major categories of skills that children need to develop : physical, sensory, mental and social. Simple assessment, however, does not identify the exact cause of the disability or how it will progress.

If the simple assessment suggests a problem, then the child goes on to the third level of detection, that is, evaluation by a professional and a doctor or a therapist. These professionals try to determine the cause of the problem and predict how the child will grow. Childhood disability prevention is of crucial importance because it is far easier to prevent a disability than to treat it.

Childhood disability prevention is of crucial importance because it is far easier to prevent a disability than to treat it.

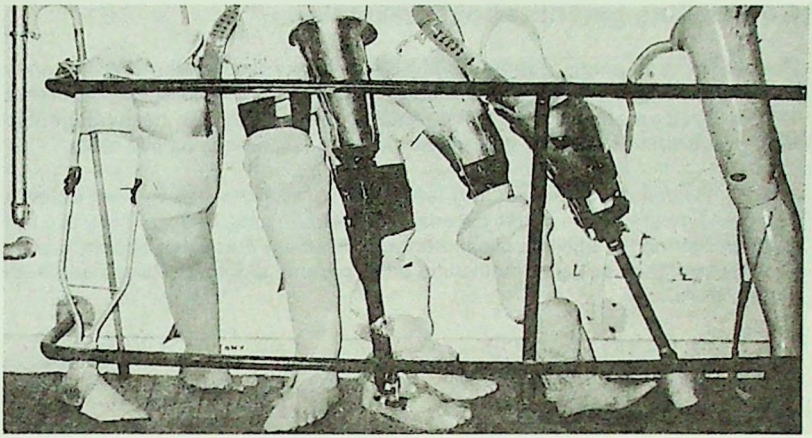
Prevention of disability

The most effective prevention of disabilities depends on social change, which is a long- term process. However, more immediate actions at family, community, and national levels can help prevent some disabilities. For example, ensure that your child is fully immunised against childhood diseases.

- Polio, in certain situations, can be prevented through effective immunization. In places where immunization is not available or not fully effective, families and communities can help to lower the chance of paralysis from polio in other ways.

Ensure that your child is fully immunised against childhood diseases.

- One of the major causes of mental and physical handicap is high fever that is not treated. To prevent disability when your child has high fever, remove all clothes and bathe the child with cool water every hour. Fanning may also help. If the child begins to have fits, make him as cool as possible and take him immediately to the nearest doctor or health centre.
- Sometimes a medical "treatment" can cause a disability. For example, using crutches for several weeks that are too long can damage the nerves in the armpit and cause paralysis of the arm. Sometimes , leg braces worn by people who have had polio or cerebral palsy do not fit right and cause pressure sores.



Mobility aids

Faizal was brought to school literally crawling. Rehabilitation experts of a renowned institution made a case study and found the mother having some genetic problem which resulted in two children with mental retardation. While caring for them, the third pregnancy was neglected and the child born with no prenatal care was under nourished. He was also affected by polio. Fortunately, he could be attended to in time for corrective surgery as well as physiotherapy prescribed by the doctors and therapists. The medical team did the corrections but actual rehabilitation was done by others like social worker, special educator and psychologist. They convinced the parents about his being educable and his potential. Faizal attended school regularly where he could manage independent movements. He soon started performing the most vigorous "Bhangra" dance. He could ride a bicycle and climb up a tree wearing his caliper.

Several Faizals were sent to school by mouth-to-mouth publicity by Faizal's mother who could convince people in the community about the intervention and education required by the children. She could also convey that the actual handicap is only in the minds of people who underestimate the capabilities of children with locomotor disability.

Counselling parents about prevention :

People living in slums generally have low literacy levels, and unfortunately have to face an unhygienic environment. It is important to counsel parents that disabilities are avoidable. If already affected, they can be manageable with provisions of surgery, therapy or aids and appliances as per need.

One of the institutions rendering rehabilitative services has formed Parents Support Groups where active parents are doing an excellent job. They are not only promoting the abilities of children with disability, managing separate units for them but they are also motivating other parents to join the group and help defeat disability.

Section Three

Abilities of the Disabled

Equal Opportunities for Learning -Integrated Education

Inadequate education and employment opportunities for disabled people are the other reasons why people with disabilities have low status in a developing society. Some schools simply refuse to accept disabled children on the plea that "they will have a bad influence on the non-disabled students"!.

Human motivation is the centre of the whole process of rehabilitation. The person with locomotor disability is also a person gifted with a throbbing heart, a thinking mind, a stirring soul and one who lives in a small world of his own, surrounded by his family and friends

Recommendations for Parents

- Consult Health workers/specialist for necessary treatment and requirement of aids and appliances.
- Contact NGOs working in the field of rehabilitation for education and care that needs to be taken within the family and then in the community.
- Seek professional help to make mobility aids as comfortable and usable as possible.
- Network with parents of other children with locomotor disability.
- Motivate the child for regular usage and maintenance of mobility aids.
- Encourage the child for active participation in educational, sports and cultural activities.
- Interact regularly with teachers, specialists and peers.
- Consult the experts to monitor progress of the child and for counselling regarding regular studies as well as vocational training.

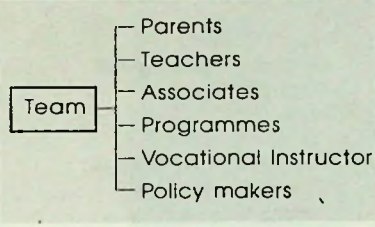
An equal learner :

The goal of education for children with or without special needs is to prepare them for a happy, productive and useful civic life. Children are born with faculties for creativity, innovation, imagination and beautiful perceptions. These faculties are latent in all children, they only need to be developed and encouraged in the environment where they are brought up. Children are what they are made and it is through education that we make them good citizens. Integration is the process of bringing children and adults with special needs as close to a normal existence as possible. In this process education is a partner.

The National Policy on Education (Part IV) lays special emphasis on the removal of disparities and stresses the need to equalise

educational opportunities by attending to the specific needs of those who have been denied these so far. It also aims at mainstreaming the differently abled in the general community as equal partners to enable them to lead a life of equality and dignity.

Every child with disability is educable. A holistic team approach is required, with the following in the team:



With the provision of a barrier-free environment, a few adaptations in the classroom furniture and tender, loving care, the team can enable the disabled to enjoy their right of education.

The art of teaching:

The art of teaching is the art of assisting discovery. The following eight-point programme brings success to both the teacher and the taught with an ever-prevailing smile. These are :

- Achievement
- Attachment
- Admiration / Appreciation
- Faith
- Inner peace
- Fun
- Confidence
- Infectious smile

Every teacher needs to take into account the necessity of bringing joy into every pupil's life by the above methods. The holistic approach of having sports, cultural, art & craft and many

Teachers need to :

- Be aware about the management of children with locomotor disability
- Understand the physical and emotional problems and provide necessary support sensitively.
- Interact with parents regularly regarding day to day activities, progress and problems at home.

Teachers are a vital link between the parents and the professionals and should encourage the child to participate in all the activities at school. Tender loving care greatly enhances the effect of other therapeutic interventions.

other co-curricular activities in the curriculum helps immensely in achieving the desired goal.

It has been observed that the children with locomotor disability specially gain confidence, develop accommodative spirit, self esteem and social acceptance through participation in sports. Not surprisingly, in several National Integrated Sports Meets (NISM) the children with locomotor disability proved themselves second to none.

Sports play an important role in developing children's personalities

"A child uses play to make up for defeat, sufferings and frustrations"

Vocational Training

Proper care of children at school with a comprehensive programme of Vocational Training mingled with academics is also needed. With the facilities of assessment of potential and aptitude a few training courses can be organised towards empowerment in later life. The following courses have been found useful for most of the children with locomotor disability :

- Watch Repair,
- Computer, photograph
- Textile Designing,
- Art & Craft,
- Carpentry,
- Knitting and Weaving,
- Screen Printing,
- Candle making,
- Secretarial,
- Electrical repair,
- Beautician clinic etc.

We have overcome...

The walk to freedom

A smile of triumph

Empowerment

Lets move on!

Section Four

Day to Day Activities

Helping them face the challenges in day to day life.

'Stimulation' means giving a child a variety of opportunities to experience, explore and play with things around her. Early stimulation is necessary for the healthy growth of every child's body and mind. It is often more difficult for the disabled child to experience and explore the world around him.

Development of the body, mind, and senses all influence each other. Often the disabled person is slow to develop mentally because patient does nothing but lies in a corner. His mind does not have the 'stimulation' (activity, exercise, and excitement) it need to grow strong. When at last such a person's body is placed so he could see and experience more of the world around him, and relate more to other people, his mind develop quickly. With a little help and imagination, he learn to do many things that he and his family never dreamed he can.

It shows how physical disability slows down mental development. A child who is mentally slow is often delayed in physical development. Development of body and mind are closely linked. After all, the mind directs the body, yet depends on the body's 5 senses (sight, hearing, touch, taste and smell) for its knowledge of people and things.

Each child, of course, has his or her own special needs. Parents and rehabilitation workers can try to figure out and meet these needs.

But **all children** have the same **basic needs.** They need love, nutritious food and shelter. And they need the chance to explore their own bodies and the world around them as fully as they can.

Steps In Designing A Program Of Special Learning And Early Stimulation

First: Observe the child closely to evaluate what he can and can not do in each developmental area.

Second: Notice what things he is just beginning to do or still has difficulty with.

Third: Decide what new skill to teach or action to encourage that will help the child build on the skills he already has.

Fourth: Divide each new skill into small steps : activities the child can learn in day or two, and then go on to the next step.

Fifth: Provide sufficient practice be fore you take a new skill for teaching.

Sixth : Plan activities that give opportunity to practice the new skill he has learnt.

Suggestions for doing learning activities with any child (Delayed or not)

Be patient and observant.
Children do not learn all the time; sometimes they need to rest. Whey they are rested, they will begin to progress again. Observe the child closely. Try to understand how she thinks, what she knows, and how she uses her new skills. You will then learn how to help her practice and improve those skills.

Be orderly and consistent.
Plan special activities to progress naturally from one skill to the next. Try to play with the child at about the same time each day, and to put his toys, tools, clothes, and so on, in the same place. Stay with one style of teaching, loving, and behaviour development (if it works!). Respond in a similar way each time to the child's actions and needs. This will help him to understand and to feel more confident and secure.

Use variety.
While repetition is important, so is variety ! Change the activities a little every day, so that the child and her helpers do not get bored. Do things in different ways, and in various places inside and outside of the house. Take the child to the market, fields, and the river. Give her a lot of things to do.

Be expressive.
Use your face and your tone of voice to show your feelings and thoughts. For example : saying GOOD! with a grim face or saying NO! with a smile will not give the correct message to the child. Praise and encourage the child often. Speak clearly and simply (but do not use 'baby talk'). Praise and encourage the child often.

Have a good time!
Look for ways to turn all activities into games that both the child and you enjoy.

Be practical.
Whenever possible choose skills and activities that will help the child become more independent and be able to do more, for himself and for others. To help prepare the child for greater independence, do not overprotect him.

Be confident.
All children will respond in some way to care, attention, and love. With your help, a child who is delayed can become more able and independent.

Nutrition in disabled children

WARNING **: Disabled children are often in greater danger of malnutrition than are other children.**

Disabled children are often in greater danger of malnutrition than are other children. Sometimes malnutrition is because the child has difficulty sucking, swallowing, or holding food. Sometimes, however, it is because parents, although they treat their disabled child with extra love and care, keep bottle feeding him (with milk, rice water, or sugared drinks) until he is 3 or 4 years old or older. They keep treating - and feeding - their child like a baby, even though he is growing bigger and needs the same variety and quantity of foods that other children need.

It is important that disabled children get enough to eat. It is also important that they do not eat too much and get fat. Extra fat makes it more difficult for a weak child to move about. If the child is getting fat, give him less fatty foods and sweets. **DO NOT LET A DISABLED CHILD** get fat.

Successful feeding involves the whole child

The more difficult it is for a child to control his body movements, the more difficult it will be for him to feed himself. Feeding problems may include : lack of mouth, head, and body control; poor sitting balance; difficulty holding things and taking them to his mouth. We must consider all these things when trying to help the child feed more effectively.

It is not enough simply to put food or pour drink into the mouth of a child who has difficulty sucking, eating, and drinking. First, we must look for ways to help the child learn to suck, swallow, eat, and drink more normally and effectively, depending on the child's disability you will have to observe the child and arrive at the best possible solution for him. For example a plate with steep sides makes eating easier for the child who uses only one arm. When that arm is very weak it helps if the dish is low on one side and high on the other, to push food against. It helps to put a non slip mat under the plate.

Similarly it is possible to use ones imagination to think up of many other ways to help the disabled child eat and do other things for himself. This is important as the requirements of each child are different and varied.

REMEMBER **: A disabled child needs the same foods that other children of the same age need.**

Dressing

Children with disabilities , like other children, should be encouraged from an early age to help with their own dressing. It is important however, not to push a child to learn skills that are still too difficult for her level of development. Children who are slow in their development or have difficulty with their movements may be slower to learn dressing skills. It may seem quicker and easier for mother or sister to simply put the clothes on her, without interacting with the child. However, this will only delay the child's development more.

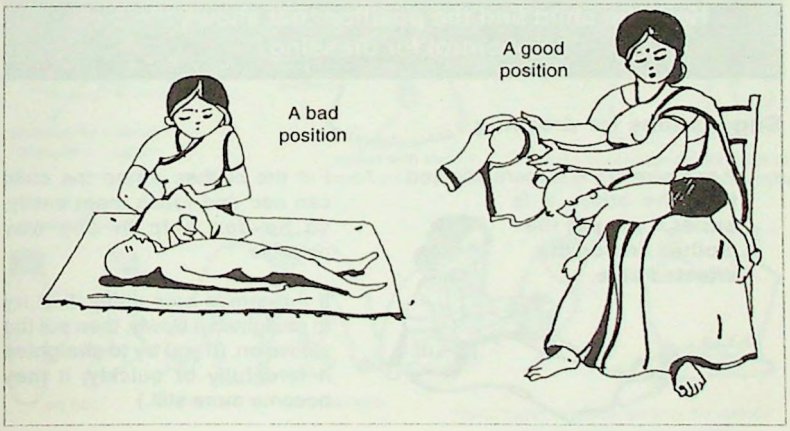
As you dress the child, talk to him/her. Help the child learn his/her body parts, the names of clothes and the way these relate.

It is important to use dressing as an opportunity to help the child develop in many areas at once: awareness, balance, movement and even language.

Positions for dressing :

Dressing is often a once a day activity in most households. If a child is only partially independent or totally dependent on others for dressing, parents sometimes feel that this is one activity they can manage. In such instances, it is still important that parents stress the right positions for a child. Not only will it make their task easier, but it is also therapy for the child.

- To help the child dress while sitting, be sure he is in a steady position.



- If the balance when sitting is still not good, try sitting in a corner to dress.

- Sitting cross legged gives the child the stability he/she needs to wear the dress. Place the dress in such a way in front of the child that he/she first puts on the sleeves. Then it is easier for him/her to put her head through the neck hole.

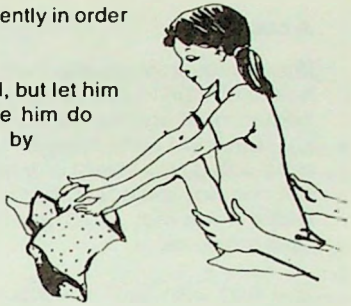
Help the child find the position that allows the best control for dressing.

Suggestions for dressing :

- If one arm or leg is more affected than the other, it is easier if you **put the clothes first on the affected side.**

- Put the clothes where the child can see and reach them easily, so he can help in any way possible.
- If the arm is bent stiffly, first try to straighten it slowly, then put the sleeve on. (If you try to straighten it forcefully or quickly, it may become more still.)

- If the legs straighten stiffly, bend them gently in order to put on pants or shoes.



- Begin any dressing activity for the child, but let him finish it for himself. Little by little have him do more of the steps. If he can do it all by himself, give him time. Do not hurry to do it for him if he is struggling to do it himself. Praise him when he does well or tries hard.

- Use loose-fitting, easy-to-put-on clothing. It is not always possible for parents to buy new and special clothing for their child. Most adaptations can just be made on clothes we normally wear. All of us have grown up wearing "hand me downs" from our brothers and sisters. Often these clothes "Just fit" and that may not be appropriate for the disabled child. So families and the community need to look for other solutions. A young spastic boy of thirteen may find his father's or his uncle's shirt or pullover easier to wear than his brother's ! It is also helpful if clothes are made out of thin but strong material. Thick cloth is more difficult to put on.

For the child who has difficulty reaching his feet, a stick with a hook may help.

cloth loops to help pull up

Overlap fly without buttons or zipper

Wide sleeves

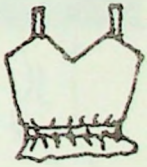
zipper with loop or knob for easy pulling

Large boat shaped neck lines for blouses and shirts without buttons.

easier Harder

no heel

Stick tab instead of buttons



Press together studs (snaps) are easier to open and close than buttons

A case study

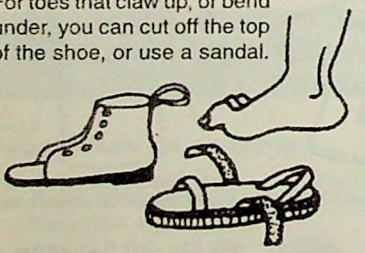
Raisa is severely affected with cerebral palsy. She finds it difficult to eat, dress or bathe without being helped at every step by her mother. Raisa cannot speak and till quite recently, she would communicate with gestures that only her family understood. But one day she got a communication board with all the words that would help her 'talk' to her friends and teachers.

The first wish that she communicated to her teacher was that she too wanted to dress up. She wanted to wear a nice coloured salwar kameez instead of the drab loose ones she always wore. She wanted to wear pretty dupattas which she had never worn.

All children, (whether disabled or not) love to dress up. Sometimes, the disability of a person may be so overpowering that people around her may not recognize her need to look good. But this may be extremely important for her self image.

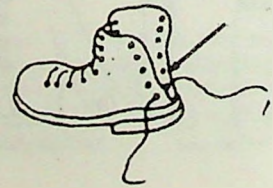
Ideas for shoes

For toes that claw up, or bend under, you can cut off the top of the shoe, or use a sandal.



Tennis shoes or other shoes that open all the way down to the toes are easier to put on.

If the foot stiffens downward so much it is hard to get a shoe on, you can cut the back of the shoe open and put the foot in from the back.



Toilet Training

Children who are physically disabled, are often late in learning to stay clean and dry. This may be partly due to their disabilities. But often it is because the **parents have not provided the opportunity, training, and help** that the child needs.

Of course, children with severe physical disabilities may always need help with clothing or getting to the pot. But they can learn to tell you when they have to go, and do their best to 'hold on' until they are on the pot.

Adapt toileting to the special needs of the child

Many handicapped children can be helped to become independent in their toileting if special aids or adaptations are made. Different children will require different adaptations. However, the following are often helpful :

- If the child has trouble pulling down pants or panties - use loose fitting clothing with elastic waist band.
- Use short 'training pants' made of towel-like material that will soak up urine.
- For a child with cerebral palsy or spina bifida, it may be easier lying down-you might provide a clean mat.
- If people by custom squat to pass tool, and the child has trouble, a simple hand support can help.
- Latrines can also be adapted.

Make the outhouse (latrine) and its door big enough so that a wheelchair can fit inside. Position the door so that the wheelchair can enter right beside the latrine without having to turn around.

Be sure the path to the latrine is level and easy to get to from the house.

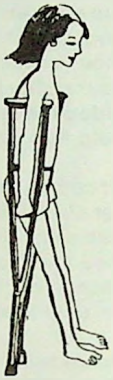
***REMEMBER:* As the disabled child grows, she will feel the same need of privacy as any child would for toileting and other personal acts. Help the child obtain the privacy she needs.**

Crutch Use And Wheelchair Transfers

Use of crutches:

Making sure the crutch fits the child:

- When the child stands, the crutch should be 2 or 3 fingers' width below the armpit.
- The elbow should be bent a little so that the child can lift herself up to swing her feet through.
- Teach the child not to hang on the crutches with her weight on her armpits.



Wheelchair transfers :

Persons who use wheelchairs become much more independent if they can learn to **transfer** (get in and out of their wheelchairs) by themselves, or with limited help. For those who need some help, it is important to find ways to transfer that make it easiest both for the disabled person and the helper.

Too often, as disabled children get bigger and heavier, mothers and fathers hurt their own backs.Different persons will discover their own 'best way' to transfer with or without help, depending on their own combination of strengths and weaknesses.

Here we give some suggestions of ways to transfer that many people have found to work well.

The wrong way to transfer

Warning
One disability can lead to another

a) Sideways transfer:

Notice that it is often easier to transfer sideways out of a chair, and also back into it. To transfer sideways, however, a wheelchair without armrests, or with at least one removable armrest is needed. Therefore, for

many disabled children, make an effort to get or make wheelchair without armrests or with removable armrests.

A good way to transfer the child who needs help is like this. Put the child's feet on the floor and lean her forward against your body. Have her hold on as best as she can. Lift her like this and swing her onto the bed.

A good way to transfer

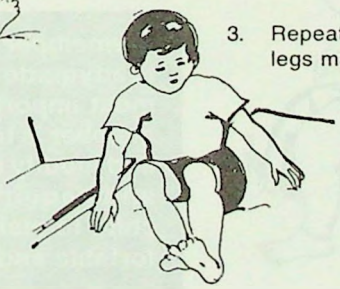
b) Forward Transfer :

Transfer forward from wheelchair to cot or bed (often works well for children)

1. Lift feet onto bed and wheel the chair forward against bed. Put on brakes. Then bend forward and lift bottom forward on chair

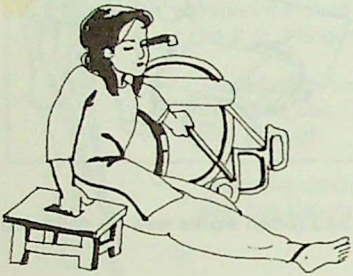
2. With one hand on the cushion and one on the bed, lift the body sideways onto the bed.

3. Repeated lifts and lifting of legs may be needed.



c) Transfer from floor to wheelchair - with help of a low seat

1. Sit with legs straight. Pull seat to your side opposite the wheelchair (a person's knee can also be used)



2. With hands on each chair, push up, with your head forward over knees.

3. Swing onto the seat.

4. Now, with your head forward over your knees, swing body onto the wheelchair.

'Remember' : **There are no readymade remedies. The most important thing to remember is to observe, adapt and modify as per the needs and requirements of the child to make him/her comfortable and independent.**

Section Five

Conclusion

Conclusion

Let us introduce a meaningful voice in the world of silence, to bring a ray of hope in the life of those who are in darkness, and lend our helping hand and understanding to those who need love and concern. It is said, "strength does not come from physical capacity. It comes from an indomitable will". So let us induce this indomitable will in every child with a disability and light an eternal flame to help them realise that each one of them can be a useful and productive member of society. As Mother Teresa said:

"God gives us joy that we may give, he gives joy that we may share, for life is gladder when we give and love is sweeter when we share the heavy loads of others."

Suggested Readings

- David Werner, Hesperian Foundation – Disabled Village Children
- Ali Baquer and Anjali Sharma, Disability : Challenges vs Responses
- Anita Julka NCERT, New Delhi Parenting a Child with Special Needs
- Bernard van Leer foundation Early Childhood Matters
- Bhushan Punani, Executive Director, Blind Men's Association, Ahmedabad Role of Non-governmental Organisations in Realization of The Rights of Disabled Children
- Coalition of Provincial Organizations of the Handicapped Disabled People in International Development
- Department of Women and Child Development, Ministry of Human Resource Development, Government of India Integrated Child Development Services
- Department of Women and Child Development, Ministry of Human Resource Development, Government of India 50 years of Child Development The Challenges Ahead
- DEPED Newsletter June 1997
- Indira Mallya, Asha Waghmode, Shruti Bhargava and Punya Mittu Child to Child Module for Para Professionals in India : Focus on Mental Retardation
- Institute of Road Traffic Education Recommended Policy on safety in Transporting School Children & Code of Safety Practice
- International Labour Office Geneva Adaptation of Jobs and Employment of the Disabled
- James P Russell Graded Activities for Children with Motor Difficulties
- National Council of Educational Research and Training, India Project Integrated Education for the Disabled
- News update on canadian development cooperation in India Sambandh
- National Children's Bureau Seventh Annual Report Oct. 1992-Sept. 1993
- Orfit Catalogue
- Parsiana Publications Pvt. Ltd. Voyage, January 1999
- Rama Mani Physically Handicapped in India
- S. Y. Quraishi, Secretary, Government of Haryana, Chandigarh Care of Disabled Children : Some Communication Issues
- Soeharso Finding Qut About a Person and Her Problems
- Soeharso Helping a Person with Pain, Weakness of Stiffness
- Soeharso Helping Children Who Have Difficulty Eating and Drinking
- Soeharso What is Disability ?
- Soeharso Community Based Rehabilitation Development and Training Centre, Indonesia Detection of childhood disability Trainers' Manual
- Soeharso Community Based Rehabilitation Development and Training Centre, Indonesia Helping Prevent Disability
- The Spastics Society of India Network Seminar on Integrated Education for Children with Special Needs - A matter of Social Justice and Human Rights
- Uma Tuli (1997) Integrated Education of children with Special Needs : Suggested Policy Directions
- Uma Tuli (1998) Education for the Persons with Locomotor Disability
- Uma Tuli (1999) Combating Disability for Access to Education
- UNICEF April 1985 Preparing Girls for Life
- WHO Geneva 1980 International Classification of Impairments, Disabilities and Handicaps WHO's Global School Health Initiative Health-Promoting Schools.

Mobility Aids Available at Following Centres

1. Akshay Pratisthan
   D - III, Vasant Kunj, New Delhi.
2. Amar Jyoti Rehabilitation &
   Research Centre
   Karkar Dooma, Vikas Marg,
   Delhi - 110092
3. Institute for the Physically
   Handicapped
   4 - Vishnu Digamber Marg,
   New Delhi - 110002.
4. Safdarjung Hospital
   Ansari Nagar, Delhi
5. A.I.I. M.S
   Ansari Nagar, Delhi
6. Mahavir Viklang Kendra
   Ahinsa Bhawan, Shankar Road,
   Delhi
7. Bharat Vikas Parishad
   Dilshad Garden, Delhi
8. Delhi Council for Child Welfare
   Sagarpur, Janakpuri, Delhi
9. St. Stephen's Hospital
   Tis Hazari, Delhi
10. Artifical Limb Centre
    Vanwadi, Pune, Maharashtra
11. All India Institute of Physical
    Medicine & Rehabilitation
    Mahalaxmi, Mumbai
12. National Institute for
    Orthopaedically Handicapped
    B.T. Road, Boon Hooguly, Calcutta
13. National Institute of Rehabilitation
    Training & Research
    Bairoi, Olatpur,
    Cuttack, Orissa
14. Artifical Limbs Manufacturing
    Corporation of India
    G. T. Road,
    Kanpur - 208016, U. P.
15. School of Prosthetic & Orthotics
    Kailash Nagar, Chennai,
    Tamil Nadu
16. Mahavir Viklang Sahayata Samiti
    Jaipur, Rajasthan
17. Christian Medical College
    Vellore, Tamil Nadu
18. Ujjawala
    Anjana Batra Neumetic Control
    35 - B, Rama Road,
    New Delhi - 110015
    Ph. No. 4615823

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About VHAI

Voluntary Health Association of India (VHAI) is a non-profit, registered society formed in the year 1970. It is a federation of 24 State Voluntary Health Associations, linking together more than 4000 health care institutions and grassroots level community health programmes spread across the country.

VHAI's primary objective is to 'make health a reality for the people of India' by promoting community health, social justice and human rights related to the provision and distribution of health services in India.

VHAI tries to achieve these goals through campaigns, policy research, advocacy, need-based training, media and parliament interventions, publications and audio-visuals, dissemination of information and running of health and development projects in some difficult areas.

VHAI works for people-centred policies and their effective implementation. It sensitises the general public on important health and development issues for evolving a sustainable health movement in the country with due emphasis on its rich health and cultural heritage.

About the Author:

Dr.(Mrs.) Uma Tuli, Ph.d, M.Ed, M.A., is the Founder, Managing Secretary of Amar Jyoti Charitable Trust, working for the comprehensive rehabilitation of orthopaedically handicapped people in and around Delhi.

She is the author of the "Spirit Triumphs", published in 1996, and is also the writer and publisher of Disability Dialogue, the international newsletter on community based rehabilitation and the concerns of people with disabilities. Under her guidance, Amar Jyoti has received many national and international recognitions and awards including the National Award in 1991 for Best Institution for Most Innovative Project in the field of Rehabilitation from the President of India and the UNESCAP Award, 1998, for the promotion of barrier free environment. She herself has been the recipient of many awards including the Hellen Keller Award, 1999, for creating opportunities for persons with disabilities.

The **BETTER CARE SERIES** presents a series of books addressing various aspects of health care. Written by experts in a comprehensive yet simple manner with an illustrative format, it deals with issues that are often ignored but which can have long term detrimental effects. The series emphasises on the importance of preventive health measures and self care. It can prove to be a quick and quality reference guide for general public and health workers.

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