Impressions

Theme of this Bulletin:

Nirbhau- Nirvair (No Fear - No Hate)

No. 22/11 - February 2022
(Monthly e-Bulletin)
www.nevedac.com

Fear never builds the future,

But FAITH and HOPE does.

Disability leads to Ability of Super Humans YouTube

Inside:

Healthcare - Rehabilitation through Assistive Technology

The purpose for Rehabilitation in the Healthcare systems is to identify the growing need for rehabilitation through assistive technology. It has been reported that globally billions of people live under such conditions that they require proper rehabilitation services throughout their illness or injury, which may even extend beyond the period of their ailment.

Rehabilitation services are more needed in countries of middle income group.

To provide good rehabilitation service, there is a great need for qualified rehabilitation professionals who can provide their services with regard tohearing aids, wheelchairs, communication aids, spectacles, prostheses, orthoses, memory aids and many more assistive devices as per needs of the patients.

Assistive technology enables people to live healthy, productive and independent life, with dignity and pride. The role of assistive technology is important to remove people from being isolated, from poverty, from inferiority complex and develops in them a sense of confidence, thereby giving immense relief, physical and mental recovery not only to the affected persons, but also to their family and the society as well.

Assistive technology provides wonderful solutions / treatment with various types of assistive devices for:

- ✓ People with disabilities
- ✓ People of older age
- ✓ People with non-communicable diseases
- ✓ People with mental health conditions
- ✓ People with declining health

Assistive technology is a health booster for the persons and a morale booster for their family, and also provides socioeconomic benefits.

It is very important that Assistive technology should have a worldwide accessibility with global availability of qualified rehabilitation professionals.

Prosthetic Clinical Practice

Author:
Dr. V.J.S. Vohra
Founder CEO and Sr. Consultant
Nevedac Prosthetic Clinic, Chandigarh

Standards for Prosthetics and Orthotics issued by World Health Organization, "identifies the requirements to be considered in planning, developing and promoting professional recognition of the workforce. It stresses the importance of training various types of prosthetics and orthotics personnel to meet nationwide demand and urges the promulgation of State regulations to ensure that service users are protected from malpractice and poor-quality services. Prosthetic and orthotic clinicians should be recognized as independent health professionals with a distinct professional title, profile and job description." "Prosthetists and orthotists are health professionals with overall responsibility for prosthetics and orthotics treatment, who can supervise and mentor the practice of other personnel. They are clinicians trained to assess the needs of the user, prescribe treatment, determine the precise technical specifications of prostheses and orthoses, take plaster casts, measurements and images of body segments, prepare models for the manufacture and fit of devices and evaluate treatment outcomes."

After the amputation the patients will remain in the acute care of a hospital until they are medically stable. The prosthetic treatment depends on their functional level, potential for progress and to prepare the residual limb for a prosthesis which is assessed by a qualified prosthetic clinician. This includes training in mobility and activities of daily living (ADLs) without the prosthesis, education in skin care, muscle strengthening, pain reduction and management and also shaping and shrinking of the residual limb / stump.

Prosthetic Evaluation has to be done by prosthetic clinicians. as the patient must also be physically and mentally evaluated to determine the appropriate prosthetic prescription, complete assessment of residual limb strength, shape, length, and condition. This assessment should include skin condition, sensation, and circulation of the amputation site, stability of joints and ligaments of the residual limb, joint contractures in any of the limbs, weight of the patient as some prosthetic components have weight limits.

When preparing the patients for a prosthesis the prosthetist ensures the process includes healing, shrinking and shaping the residual limb appropriately with the use of crepe bandage or an elastic socks.

The prosthesis prescription as per the level of amputation, determines which prosthetic components the prosthetist has to select to provide the best
and most appropriate prosthesis to the patient.

For the lower limb amputations two most common prosthesis are the trans femoral (above the knee) and the trans tibial (below the knee) prosthetic legs. The major components of lower limb prosthesis include the socket, interface (where the liner contacts the skin), suspension, pylon/frame, knee unit (if applicable), foot/ankle complex, hip joint (if applicable).

Other amputations are hip disarticulation, knee disarticulation, ankle disarticulation and partial foot amputation.

For the upper limb amputations two most common prosthesis are the trans humeral (above the elbow) and the trans radial (below the elbow) prosthetic arms. The major components of a upper limb prosthesis include the socket, interface, suspension, elbow unit (if applicable), shoulder joint (if applicable) wrist unit and hand.

Other amputations are shoulder disarticulation, elbow disarticulation, wrist disarticulation and partial hand amputation.

After a detailed assessment of the amputee patient, the prosthetic clinician takes the measurement and plaster cast of the stump, which is the most important part of the prosthetic treatment process as the proper fitment of the prosthesis depends on the socket fabricated from the plaster cast, converted from negative to positive mould subjected to the mould modification, on which, finally the socket is fabricated.

After conducting successful socket fitment on the patient, the prosthetic clinician will attach the socket and prosthetic component parts. In case of lower limb prosthetics it is very important that gait training of the patient is conducted under close supervision of the prosthetist, to ensure that the patient develops proper walking pattern with comfort, which is a process of about a week or so depending on the response from the patient.

For upper limb prosthesis, the prosthetist has to ensure proper fitment and comfort to train the patient to use the elbow joint (in case of above elbow amputation) and the prosthetic hand.

There are number of prosthetic and orthotic component parts available from foreign and Indian manufacturers. It is the discretion of the prosthetic orthotic clinician to decide which component parts would be best suitable for his patients, depending on his/her professional assessment.

In India persons with disabilities have to be served by qualified professionals certified by Rehabilitation Council of India (RCI). Unqualified persons serving disabled persons is an offence and shall be prosecuted before the Court of Law under section 13(3) of RCI Act, 1992.

Statutory Warning

Rehabilitation Council of India

भारतीय पुनर्वास परिषद्
सामाजिक न्याय और अधिकारिता मंत्रालय,
दिव्यांगजन सशक्तिकरण विभाग के अधीन एक सांविधिक निकाय
REHABILITATION COUNCIL OF INDIA
A Statutory Body under the Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

STATUTORY WARNING

Practicing without RCI Registration
In Govt./Non Govt. Organization and by any Private Practitioner
is an Offence under section 13 (3) of RCI Act No. 34 of 1992

It has been observed by the Council that Children with Disabilities (Divyangjan) are being trained/ served by Quacks/Unqualified/Non-registered Personnel/Professionals.

If anyone found serving "Persons with Disabilities (Divyangjan)", without having RCI Certification, shall be prosecuted before the Court of Law under Section 13(3) of RCI Act, 1992 as under:

"Any person who acts in contravention of any provision of sub-section (2) shall be punished with imprisonment for a term which may extend to one year, or with fine which may extend to one thousand rupees, or with both".

General Public is requested to report such instances to the Council along with documentary evidence by post/fax/email to enable the Council to take appropriate action such as filing of FIR against such persons.

"This Statutory Warning is issued in public interest".

14.5.2019
(Dr. Subodh Kumar)
Member Secretary

B-22, Qutab Institutional Area, New Delhi - 110 016
Tel.: 011-2653 2408, 2653 2384, 2653 4287, 2653 2816 Fax : 011-2653 4291
E-mail : rci-depwd@gov.in Website : www.rehabcouncil.nic.in

Please Recycle

Covid endemic in India
No point in more lockdowns: Expert

TNN/ Updated: Feb 14, 2022 (The Times of India)

Dr. Gangandeep Kang is among India's foremost virologists. She's a professor with the Christian Medical College, Vellor, and a member of the Covid-19 Working Group under the National Technical Advisory Group on Immunization (NTGAI). In an interview with TOI, Dr. Kang said Covid is already in an endemic stage in India, where "the virus is and will continue to be". She said citizens, who will now have to live with SARS-CoV-2, should not be forced to face "irrational measures" such as lockdowns or curfews. Here are excerpts from the interview;

On Covid becoming endemic

I think there are a lot of misconceptions about endemicity, with people thinking the term means we don't need to think about the virus anymore. This is not the case - endemicity implies that the virus is and will continue to be present in the population. And that stage has been reached already. There will be cases and flare-ups, or waves, when new variants are introduced as we have seen with Omicron, which will require additional measures depending on the burden on the healthcare system. By this framing, SARS-CoV-2 is already endemic.

What's the way forward in the endemic stage?

We are already living with it, but continue to have irrational measures like lockdowns and curfews. We need to rationalise testing to be able to identify the proportion of symptomatic individuals, have a sense of what is happening in the community (for example, through environmental surveillance), and in some cohorts, conduct studies that tell us about the frequency of infection and its consequences. We also need to monitor performance of the vaccines, to know if we need to switch or boost. As for treatment, we need to constantly evolve clinical management strategies to ensure best outcomes for patients.

What about the efficacy of current vaccines?

The vaccines are working. With Omicron, it does seem we need a third exposure to boost protection from severe disease. But that could come from vaccination via boosters as in the West, or from prior infection, as in Africa and India.

How much coverage do we need for herd immunity?

I think people think of herd immunity as an on/off switch, where the infection and disease will disappear when we reach a magic number. Omicron is showing us we have protection to a large extent from severe disease and death if we are infected or vaccinated. That shows we have some level of immunity, which is the relevant healthcare goal. But we do not have herd immunity in the sense of prevention of transmission - what it takes to get there with a mucosal pathogen can be hard to define.

What about new variants?

The only thing we know right now about RNA viruses is that when they replicate at high levels, they mutate. The consequences of those mutations are usually in the direction of better spread, whether from increased transmissibility or increased immune escape.

And their impact on health infrastructure?

Anyone who claims they can predict how the next variant of concern will behave is fooling themselves or others. What we need instead of this obsession with prediction is planning for different kinds or low- and high-threat scenarios so that contingency plans are in place. I am not aware of whether this is being done at the state or central level, but I hope it is.

What about Covid models in the UK and Europe?

The UK has achieved a high level of vaccination and is now set to cover its young clinically vulnerable children. They are opening up and I think they are doing everything right, except that I would advise continued use of masks in schools or at public locations until cases decline. Europe does not have a single model, but high vaccination, good clinical management are features of every country's response. And that approach is correct.

One Story, Two Perspectives

Shared by

Capt. Charanjit Vohra
Chandigarh

A famous book writer sat in his study... he took his pen... and began to write: "Last year... I had surgery to remove gallstones. I had to be bedridden for a long time.... In the same year, I was 60 years old and entering retirement age..., quitting a job in a company that I loved so much... I had to leave the job I've been doing for 35 years... That same year I was abandoned by my beloved mother... Then... still in the same year, my son failed his final medical exam, because of a car accident. Repair costs due to car damage were the peak of bad luck last year..."

At the end he wrote: "What... what a bad year!"

The writer's wife entered the room and found her husband who was sad and pensive... From behind, the wife saw the husband's writing. Slowly she backed away and out of the room... 15 minutes later she came back in and put down a piece of paper with the following inscription:

"Last year... my husband finally managed to get rid of his gallbladder which had been making his stomach hurt for years... That same year... I am grateful that my husband can retire in a healthy and happy condition. I thank God, he has been given the opportunity to work and earn for 35 years to support our family

Now, my husband can spend more of his time writing, which has always been his hobby... In the same year..., my 95 year old mother-in-law... without any pain has returned to God in peace and happiness.... And still in the same year... God has protected my son from a terrible accident... Our car was seriously damaged by the accident... but my son survived without any defects..."

In the last sentence his wife wrote: "Last year....was a year full of extraordinary blessings from God....and we spent it full of wonder and gratitude..."

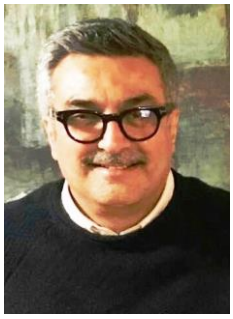
The writer smiled with emotion..., and warm tears flowed down his cheeks... He was grateful for a different point of view for every event he had gone through last year... A different perspective had made him happy...

Friends, in this life we must understand that it is not happiness that makes us grateful. But it is gratitude that will make us happy. Let's practise seeing an event from a positive point of view and keep envy in our hearts.

“We can complain because rose bushes have thorns, or rejoice because thorn bushes have roses” (Abraham Lincoln).

The origin of ‘Fifty’

Shared by



Jasmer Sarna
New Delhi

This is so interesting ~
Didn’t know the origin of the ‘Fifty’ dad would talk about while tying his turban !!! Let’s look at ‘fifty’ under the Sikh Turban.

The 'fifty' is a band of cloth, visible in the form of a triangle on the forehead of a Sikh wearing a turban, just below the cusp or peak of the turban. It is usually in a colour that contrasts or matches that of the turban itself.

Have seen many tying a patka (under turban) underneath the turban or they are back to tying a small keski before donning the full turban.

1st Regiment of Cavalry (Punjab Frontier Force) Sikh Dafadar in 1893 wearing a white ‘fifty’ during British Era

It helps keep the long and unshorn hair neat and tidy under the turban so that the stragglers (hair strands) are not sticking out and also helps in keeping the turban firm on the head.

During the time of first world war, the British army had a lot of Sikh troops who were sent out of India for fighting the war. Devout Sikhs keep their head covered all the time.

The Sikh soldiers had asked the British to provide them all with a turban cloth (about 5m) and a cloth for tying beneath the turban (about 2.5m).

The British agreed to provide this to the Sikh troops but since they were unaware of the names of these articles (2.5 cm half measure of turban). They called the 2.5 m cloth as ‘Fifty’ alongside the 5 m turban.

Though the size of the ‘Fifty’ has changed a lot over time, the name comes from British empire days when they issued a turban and a ‘fifty’ to each Sikh soldier.

Hope it helps to unravel the mystery!

Professor with disability is a role model

Author:

Dr. Jaswant Puri
Doctor of Letters (Honoris Causa)
Punjab Ratan
Patiala

When optic nerve damage stole her eyesight at the age of 19, Dr. Kiran Kumari bravely fought with her disability with education and became an Assistant Professor in Punjabi University.

She is a guide to five PhD research scholars and two M Phil students.

Dr. Kiran Kumari has received a role model award for empowerment of persons with disability from President of India Ram Nath Kovind on International Day of Disabled Persons on December 03 in New Delhi.

Her hopes were dashed when she suffered total optic nerve damage. It took her three years to walk out of the trauma of blindness after which she decided to enroll in a rehabilitation centre for the disabled in Ludhiana in 1995.

She gradually accepted the change in her life and started enjoying with students. She thought she could do anything in life and live anywhere. Later, she enrolled in bachelors of arts degree at Panjab University, Chandigarh, and completed her PhD theses.

She says her life turned around when she took up a job at the centre. She shifted to the Institute for the Blind in Chandigarh and taught writing Braille and short-hand for 15 years.

Dr. Kiran is a professor of sociology. She was also honoured with a state award by the Punjab Government in 2017. She also received a letter of appreciation from the Chandigarh administration in 2007.

She has been teaching sociology in Punjabi University since 2011. The Professor says support from her family and rehabilitation centre, coupled with her will to lead a better life led her all the way. She is now a member of the state advisory board on disability of the Punjab Government and is working for the rights of persons with disabilities.

She said, “My education and the knowledge I can impart are my strength. All that the disabled students need is a positive attitude toward their disability and support from family and society.”

She takes pride that one of her students from the rehabilitation centre for the disabled was pursuing BA in social science in Punjabi University.

A role model – Dr. Kiran Kumari

It had also been found that visually impaired persons, who received sufficient amount of family support, were socially integrated and well adjusted in life. They are less prone to psycho-social problems.

Dr. Kiran wanted to become a doctor at the age of 19 and dropped a year after school to prepare for pre-medical test (PMT).

Hence, it can be concluded that social isolation, attitude of people, lack of communication, less recreational activities and lack of family interaction and support are the major factors which generate the feelings of loneliness , stress and lack of satisfaction among the respondents.

Thus, the present study stress the need for social support and more accessible opportunities of communication, education, employment and rehabilitation to visually impaired persons.

Martyred Army Naik's widow Jyoti Nainwal graduates as officer from OTA Chennai

Express News Service

It was the best gift Jyoti Nainwal, wife of Naik Deepak Nainwal, who died while fighting the terrorists in Kulgam, could give to her children as she graduated as officer from the Officers Training Academy.

Pecked on her cheek by nine-year-old daughter Lavanya, while seven-year-old son Reyansh watched, the 33-year-old recalled her own mother's advice when the world around her collapsed after her husband's death.

"Your life from now onwards should be a gift to your children. They will emulate you. It's up to you, how you want to steer your life," recalls Jyoti while remembering her mother. Life changed for Jyoti on April 11, 2018 when her husband, serving in 1 Rashtriya Rifles battalion, got a gunshot wound during a terrorist encounter in J&K during Operation Rakshak.

Bedridden due to the spinal injury, Deepak breathed his last after 40 days. The homemaker from Dehradun's life, which was limited to the four walls of her home after marriage, then took a new turn. Heeding the advice of her mother, she was motivated to join the Army.

Unknown about the selection procedures or what the Service Selection Board interview is about, Jyoti showed her eagerness to join the forces. It was at this time that Deepak's parent company 1 Mahar Regiment's Brigadier Cheema and Col MP Singh took the responsibility to be her mentors.

"My English was not that good as all my life I was only involved in household responsibilities. They knew I needed to change a lot. Brigadier Cheema send me English novels and gave me deadline to read it and later he asked question regarding that book," recalls Jyoti.

Another woman who stole the honours is Lt Dimple Singh Bhati, who was conferred with silver medal by Lieutenant General CP Mohanty, who reviewed the parade. Dimple has been inspired by the war heroes in their Jodhpur family such as Major Shaitan Singh Bhati, Param Veer Chakra and Col Megh Singh Rathore, Veer Chakra.

Separated at India - Pakistan partition

Brothers meet at Kartarpur after 74 years

The Kartarpur Corridor that connects Gurdwara Darbar Sahib in Pakistan to India has reunited the brothers

Tribune Web Desk, Chandigarh

Click here for video, showing the elderly brothers, one from India and another from Pakistan, hugging each other at Kartarpur Corridor

Seventy-four years is a long time. And for these two brothers, it was a moment they had been waiting for long. They cried and hugged each other in the Kartarpur Corridor as they met after 74 years. The pictures and visuals showed the brothers and their family filled with joy. They reunited with the help of social media.

The video of the two brothers meeting each other after a gap of 74 years has gone viral. The brother--Muhammad Siddiq and Muhammad Habib aka Cheela-- were separated at the time of partition in 1947.

Muhammad Siddiq is a resident of Pakistan's Faislabad, while Muhammad Habib is a resident of India's Punjab. The two planned a meeting at Gurdwara Kartarpur Sahib, Pakistan, on Tuesday after their relatives traced each other over social media.

Mohammad Siqqique was a kid when India was partitioned in 1947. His family got split. His elder brother Habib alias Shela grew on the Indian side of the partition line. Now 74 years later, the Kartarpur Corridor that connects Gurdwara Darbar Sahib in Pakistan to India has reunited the brothers.

Reports say Siddique lives in Pakistan's Faislabad. Shela is his elder brother and lives in the Indian side of Punjab.

The two brothers have hailed the Kartarpur Corridor initiative that helped them reunite.

Late

Colonel D.S. Vohra, Padmashri

Founder

Artificial Limb Centre, Pune

Founder

Nevedac Prosthetic Centre, Chandigarh

Impressions is a monthly e-Bulletin, it's theme being Nirbhau - Nirvair (No Fear - No Hate), to provide independent platform for sharing developments in Disability Empowerment - Artificial Limbs and Assistive Technology / Devices, Rotary Information of humanitarian service to advance goodwill and peace around the world, Healthcare matters, non-political and good news about general interests on domestic and international fronts. The aim of this e-Bulletin is to encourage new ideas and original thinking with a positive approach.