OT Insight
Māramatanga whakaora ngangahau
Magazine of Occupational Therapy New Zealand
Whakaora Ngangahau Aotearoa

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From the Editor

I believe most of us are aware of the need for volunteers in a time of crisis however, it is a fact of life that volunteers are essential to the social fabric of daily life. Volunteering is generally considered a humane activity where people provide services for no financial or social gain. Most people do not volunteer because it benefits them, they volunteer because it can make a significant difference to the lives of others. Many services simply could not run without the help of volunteers. Still, there are benefits for the volunteer including: opportunities to create new friendships; offset loneliness; improve self-esteem and be more active while helping to build community.

Since our goal is to publish articles of interest to the profession, I thought the concept of volunteering worth pursuing and so in this edition of OT Insight we have several thought-provoking articles that address the topic of volunteering from an occupational therapy perspective. The subject was first floated in an article that was in the OT Insight file when I took over the role of editor last year. Alas, there was no contact details or information on who had written the article. A second article on the benefits of horse riding was also in the file without any contact details and despite my efforts, I have been unable to find either of these authors. I do like to give credit where it is due so, if you wrote either of these articles or think you know who did, then please let us know.

Further to that, we have an article discussing one man’s experience of stroke. Written in reflection, I think readers will find it interesting. Finally to keep you informed of occupational therapy specific research we present a recent Master’s thesis abstract.

Grace O’Sullivan (Editor)
Email: editor@otnz.co.nz
Executive Director's Message

Kia ora Koutou

OTNZ-WNA Conference 2019

Excitement over the September 2019 Conference, which will be held at the Waipuna Hotel & Conference Centre in Auckland, is continuing to gain momentum. The association member’s super early bird rate is available until 30 June 2019, so if you have not registered yet please do so soon.

http://www.cmznz.co.nz/otnzwnaevents/registration-2/#12472

Strategies to encourage attendance of first year practitioner’s at the conference were discussed at the May council meeting. Council members are of the opinion that attending the conference is a valuable opportunity for graduates to connect to their profession and future colleagues. With this in mind, the council are very keen to enable more graduates to attend the conference. Consequently, we are asking association members to support the goal by making a donation towards funding that will be used to reduce the cost of registration for first year graduates who want to attend the 2019 Conference. If you would like to contribute toward this worthy fund please email Moe at office@otnz.co.nz. In the email state the amount you wish to pledge and provide an email address where you can receive an invoice to make payment against.

First year graduates are invited to apply for funding which will be gifted under a set of criteria administered by a funding committee. Please go to the website, click on events and download a “Graduate application for funding” form to attend the 2019 Conference.

I take this opportunity to thank our 2019 Conference Premier sponsors for their generous support because without it, our annual events might not be viable. Our sponsors include: Be SAFE, Occupational Therapy Board of New Zealand, Omeo Technology and Permobil.

Permobil founder Dr. Per Uddén believed that helping people achieve the greatest level of independence is a basic human right and, for over 50 years, Permobil has held fast to that belief. Permobil is a global leader in advanced medical technology, passionate about better understanding users’ needs and improving their quality of life through state-of-the-art healthcare solutions. Today those solutions include an extensive range of products including power wheelchairs, seating and positioning products, power assist and manual wheelchairs. Permobil look forward to increasing access to care in New Zealand. With 3 branches, rental divisions and territory managers scattered throughout New Zealand, Permobil are ready to be of assistance.

Profiling an Exciting Keynote Speaker at the OTNZ-WNA Conference 2019

Dr Hinemoa Elder

Ko Pārengarenga te moana
Ko Tawhitirahi te maunga
Ko Awapoka te awa
Ko Te Aupouri, ko Ngāti Kurī, ko Te Rarawa, ko Ngāpuhi nui tonu oku iwi
Ko Murray rāua ko Yates ōku whanau
Ko Hinemoa taku ingoa

Dr Hinemoa Elder is a Fellow of the Royal Australia and New Zealand College of Psychiatrists and has been a consultant child and adolescent psychiatrist for more than 10 years.

Dr Elder is the Māori Strategic Leader for the Centre of Research Excellence (CoRE) for the Ageing Brain.

In addition to her initial medical qualifications, Dr Elder has a Doctorate of Philosophy (Massey University, 2012) and is former Health Research Council Eru Pomare Post-Doctoral Fellow (2014-18). In the course of her research she developed a novel recovery approach grounded in Te Ao Māori (Māori world view) for Māori with traumatic brain injury, their whānau (extended families) and professionals. The approach is now being used in community rehabilitation services. Dr Elder continues to work clinically as a neuropsychiatrist and youth forensic psychiatrist writing reports for the courts. She is an expert in the areas of psychological trauma and cultural psychiatry. She also currently works at the Child and Family Unit at Starship Hospital.

Dr Elder has served on several Ministry of Health reference groups. She is a deputy psychiatrist member of the NZ Mental Health Review Tribunal and a Specialist Assessor under the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003. She is a member of the International Science Advisory Board to the National Science Challenge ‘E tipu e rea, a better start’.

OTNZ-WNA News

Council nominations

The positions of President tangata whenua, councilor at large tangata whenua and WFOT delegate tangata whenua will become vacant at the September 2019 AGM. The position of WFOT delegate tangata tiriti will also become vacant. Nominations for council must be with the executive director by 5pm, Wednesday 14 August 2018. The required forms can found on our website. www.otnz.co.nz/otnz-wna/otnz-wna-council/about-council/. The position of WFOT delegate tangata whenua is new and covered by rule 8.2.3. https://www.otnz.co.nz/wp-content/uploads/Rules-2018-updated-140519-003.pdf
OTNZ-WNA News

Special Interest Group (SIG) Update
Recently there has been interest in the protocol governing the use of our SIG groups. In discussion, relevant points have been raised highlighting the need for council to review the guidelines/policy. Please go to https://www.otnz.co.nz/membership/special-interest-groups/ to read the reviewed policy. We draw your attention to the policy statement which reads:

*Your association strongly recommends members belong to the Issues SIG because it is a vehicle for important and often relevant announcements. Accordingly, when joining or renewing membership we are suggesting that you be added to the Issues SIG automatically, with an opt-out option.*

To allow you to consider and feedback on this proposal we will not enable this functionality until the end of June 2019.

Treaty Relationship Governance Model
We have made a few additions to the website page covering our treaty relationship governance model. To access this simply go to the home page of the website www.otnz.co.nz and in the menu box to the right hand side you will see Te tiriti/Treaty Relationship Governance Model. This link will take you to “NGA RERENGA O TE TIRITI – Community organisations engaging with the Treaty of Waitangi” (Margaret, 2016) which is a publication that outlines organisations, including OTNZ-WNA, at different stages of their Treaty voyages.

This resource is re-enforced with a video featuring Karen Molyneux past president tangata whenua and Harsh Vardhan president tangata tiriti discussing the association’s journey on a webcast put out by Community Research.

Reference
Margaret, J. (2016). *NGĀ RERENGA O TE TIRITI – Community organisations engaging with the Treaty of Waitangi* (Margaret, 2016) which is a publication that outlines organisations, including OTNZ-WNA, at different stages of their Treaty voyages.

A Few Reminders

Membership
Early bird for membership closes at the end of June.

Insurance
A quick reminder for all practitioners requiring insurance, the renewal period starts in July 2019. Visit the website home page and click under Insurance to get updates and application forms for the next period.

Awards and grants
Please note that the OTNZ-WNA Achievement Award, and the New Zealand Occupational Therapists Research and Education Trust grants close at the end of June 2019. For more information go to https://www.otnz.co.nz/awards-grants/

Choosing Wisely
Harsh Vardhan, President tangata tiriti shares his experience with the Choosing Wisely programme.

Attending the Choosing Wisely Forum 2019 (on 10 May) at Wellington was great. Hon. Jenny Salesa, associate minister of health, inaugurated the forum. I felt privileged to co-lead the allied health and pharmacy interest group and to have the opportunity to meet with a wide range of health professionals and consumers. I enjoyed listening to the speakers. Those same presentations can be accessed via the following link - https://choosingwisely.org.nz/wp-content/uploads/2019/03/CW-Forum-Agenda-6-May-2019.pdf

I have been involved with Choosing Wisely since 2016 and have been attending their symposiums/forums during that time but this year’s forum was special to me. It focused on ‘Continuing the Conversation’ especially around ‘Embedding Equity in Choosing Wisely.’ As a choosing wisely ally and a national speaker for the group, I was curious to know their overarching stance on the promotion of health equity in New Zealand. I was not sure if people would be brave enough and talk about the ‘real issues’ or limit the conversation to what I call ‘tokenistic gestures’.

For example, translating the name of the movement in Te Reo, getting a Māori representative on their national committee albeit with no genuine intent to ‘share power’ or attempt to find a ‘checklist’ to increase Māori participation in ‘health projects/plans’.

The forum did not let me down. I particularly enjoyed the presentation of Professor David Tipene-Leach. He is a member of the New Zealand Order of Merit for his services to Māori Health and currently sits in a Ministerial Advisory Group on the Health System. He spoke with such confidence and dignity about Māori health inequalities that are due to the following: health system failures (institutional racism), patient or population factors (social determinants of health) and health professional’s knowledge of cultural competence. Dr. Tipene-Leach explained institutional racism by giving examples of common prejudices such as Māori having bad genetics; an unhealthy diet; lack of exercise; poor attendance at health appointments and lack of compliance with taking prescribed medications.

During the presentation Prof. Tipene-Leach called for a shift in health professionals thinking from bicultural ‘sensitivity’ (no exam, audit or compulsion) to bicultural ‘competence’ and ‘safety’ (outcome audits, compulsion). It was great to hear that he is working with the Medical Association of New Zealand to advocate for bicultural competency for medical practitioners. I felt compelled, and very proud to raise my hand and state that the occupational therapy profession in New Zealand has felt compelled, and very proud to raise my hand and state that the occupational therapy profession in New Zealand has established a specific competency (2) for bicultural practice and that we are leading the way with this action!

Prof. Tipene-Leach concluded that the system level change is required to promote health equity of Māori including thoughtful service design to promote fairness; self-management and whānau based support programs; and relation centred practice.

What next?
As a professional association, OTNZ-WNA have already endorsed Choosing Wisely movement in New Zealand. Currently, I am interested to network with like-minded occupational therapists who would be interested in developing the occupational therapy profession specific choosing wisely “recommendations.” You may like to look at some examples from other professions. Link - https://choosingwisely.org.nz/health-professionals/.
I am originally from South Africa but New Zealand has been my home for the past ten years. I graduated from Auckland University of Technology (AUT) in 2018 with a Bachelor of Health Science Occupational Therapy degree. I am currently in my first year of practice, working at He Puna Waiora, the mental health inpatient unit within Waitemata District Health Board (WDHB).

During school, I struggled with the idea of doing one career for the rest of my life. I had no idea where I wanted to go and what I wanted to do but I knew that if I found a career where I could help people I would feel fulfilled. When introduced to the idea of occupational therapy, like a lot of young people, I had no idea what it was. The more I learned about the profession, the more I was convinced that I had found the career path for me.

I liked the notion that as an occupational therapist you get to see clients from a very holistic view and can work towards enabling them to do the things that are important to them. It was in my first year of study that I learnt about the occupational therapist’s role in the mental health setting and I just fell in love.

In my short time of practice, I have learnt lessons that I will carry with me for the rest of my life. Working in an inpatient unit has taught me the value of looking after oneself. I find it to be a very meaningful field of practice but it definitely comes with its challenges. Working in what can be a tense environment at times has taught me the importance of doing things to maintain my own wellbeing so that I can be a good practitioner.

I have also come to learn that a lot of the clients I have worked with have felt powerless at times in their life. This has taught me the importance of making sure that I don’t just listen to my clients but that I truly hear what they have to say. In doing this, I feel like I can play a role in shifting the power back to them.

In my last year of study, I had a ten-week placement with the adult mental health community team on the North Shore. An occupational therapist that left a lasting impression on me was my supervisor at the time, Andrea Dempsey (senior occupational therapist and Occupational Therapy Professional Advisor for WDHB). Andrea taught me the importance of being the voice of clients in the times when they felt they did not have one. She also taught me that it is possible to be a facilitator of change. After this placement, I made a promise to myself that I would always be an advocate for my clients.

For me, occupational therapy is very meaningful as we have the opportunity to work with people towards restoring their independence. I feel very lucky to be able to play a role in someone’s journey of recovery and possibly to have the opportunity to improve that person’s quality of life. I have a strong sense of self-fulfilment while giving back to my community.

I see myself working within the mental health services for the foreseeable future and so I intend to study further next year to achieve a mental health and addictions postgraduate certificate. I would love to make a positive change in the life of even just one person.
Marie Groenendijk
Email: marie_groenendijk@hotmail.com

Otago Polytechnic

I grew up on a farm in the Waikato in a loving and supportive family. After high school I studied art history, media and film at Victoria University. I then lived in France for four years before coming back to New Zealand to study occupational therapy at the Wintec campus of Otago Polytechnic. I am currently covering a parental leave position at Northland District Health Board in community child development.

The decision to become an occupational therapist was pretty easy. After a good friend told me I would be good at it, I signed up and haven't looked back! I am grateful to have been able to study in Hamilton, it was ideal for me in terms of support and location. The lecturers were tremendous, very dedicated to their profession and the students, and they continually inspired and supported us. Fieldwork supervisors who went out of their way to facilitate learning are still greatly appreciated, they gave us the chance to find our feet in a supported environment.

I am often inspired by the families I work with, their persistence, positivity and understanding in situations that are challenging. I am also in awe of classmates who persevered and thrived while studying for the degree, even though they had challenges in other areas of their lives. It takes strong, skilled people to juggle family, whānau, work, health, study, travel etc. and I feel very lucky to have spent three years with the group that I did.

I love that occupational therapy can be so much fun! I love the fact that it is so varied, a myriad of different people can all work in different areas suited to their personality and expectations. I love that we put the client at the centre of care and work as a team with other professions, learning and supporting each other towards a common goal. At the moment, I don’t have a long-term personal goal. I have the luxury of living in the moment and seeing where things take me. I’m open to suggestions!?
Feature Article

Occupational Therapy and Volunteer Work

Anonymous

Someone once talked to me about finding my niche within occupational therapy. In our training we are taught a lot about enabling good lives and I feel I do that working in a support worker role. Since graduating from Otago Polytechnic, I have been on an incredible journey although it didn’t take me long to realise what sort of path I wanted to follow. I currently have a support worker role and find I am drawing on and applying my occupational therapy skills and knowledge every day.

My roots are, and always will be, firmly planted in my profession. I like to think I have a good work-life balance, in that I can do other things I am good at and still get a real buzz out of, such as volunteering. One thing I am increasingly aware of is the need for people with occupational therapy skills and knowledge to fill a big gap in the provision of care services.

That brings me to my experiences at a charitable trust that provides food every night of the week to anyone in need of a hot meal. It is run by a small core group of volunteers who wanted to create and strengthen a sense of community in the town. When I first discovered the trust through Volunteer Waikato, the group worked from an old concrete building where there was no access to hot water and everything had to be carted in and out each evening, including dishes that were taken off site to be washed. Since then there have been big changes. The trust’s relationship with Kaivolution (a community service that stops edible food from being needlessly thrown away) has grown, as has the number of volunteer cooks and servers. Equally, the number of people attending the service has also grown.

I stopped volunteering at the trust mid-way through last year as I wanted to try other volunteer work. At the time, there was news that the trust could not stay in the building it was in and would have to relocate somewhere else, otherwise the service would shut down.

I went back to the trust tonight. It has taken a year, but the organisation has relocated to a new building. I was almost lost for words when I walked in. The building is carpeted, it has a toilet, a large space for everyone to eat together, couches, an industrial kitchen and a large TV. There is plenty of room to store donated food, and room for large fridge/freezers, meaning cooks can take away donated meat and veggies to cook up for another night. This progress just shows how generous people can be. I’m told that when the service was running at the previous site, the owner of the new building called in. He was so impressed by what he saw that he offered a building free of charge. Until then the building had been used as a storage space since 1994.

When I arrived tonight, I looked at the environment with an occupational therapy mind-set. There are a large number of concrete steps leading up to the entrance of the building so it is not readily accessible for people who have limited mobility. That being the only negative aspect I could see, it is so special to know people have a warm space to go to access food and clothing, and somewhere they can see friendly faces. Most of all, in a time of need, anyone can feel welcome and experience a sense of belonging to an extended whānau.

Tonight when I sat down to eat a meal, the person I was speaking to proudly told me they had gotten a full time job. It was heartening to see the pleasure this achievement gave to that person.

Sometimes I recognise a few of the people who go to the trust when they are in and around the town centre. It feels so good to be able to wave to people and say hello when I see them out and about, knowing where we met.

There are numerous changes happening in the disability sector, like the new pay equity agreement and the change to a funding system that encourages individuals to have control and choice in creating the life they want. I think it is a very exciting time to be working as an occupational therapist. I find my skills and knowledge have really helped me to help others and to be open to new experiences.

I’d be pleased if you would share this with the occupational therapy community to highlight the satisfaction gained from volunteering. I hope the information will go some way towards helping occupational therapists and students to understand how valuable occupational therapy skills and knowledge are, and how much they are needed by people from all walks of life. I encourage them to get involved in different groups and/or new initiatives in their local community. For instance, our refugee community is growing quite rapidly and one thing that is very important for all refugees is to find a sense of belonging and connection with others.

If you hear from other readers who do voluntary work, I’d love to know more about their experiences. I remember reading about a woman who was part of a group specifically set up to help families and others after the Christchurch earthquake. I really enjoyed reading that article.

Note

This article was in the OT Insight file when I took over as editor. Alas, there was no information on the author nor contact details so if you wrote this, or you know who might have written it, please get in touch so that we can credit the author. Thanks – Grace.
Horse Riding as a Therapy

Anonymous

Volunteers are an integral part of Riding for the Disabled Associations (RDA) around New Zealand, their energy and commitment are indispensable. Being an RDA volunteer is extremely rewarding and you don’t have to be a horse lover, your local RDA group will find a role for you. Located in every region of the country, from Kaitaia in the north to Invercargill in the south, RDA makes a positive difference in the lives of people with a disability.

**Hippotherapy** is defined as a physical, occupational or speech and language therapy treatment strategy that utilises equine movement. **Hippotherapy** literally means “treatment with the help of the horse” from the Greek word, “hippos”, meaning horse.

Ride Therapy Programmes provide horse riding and associated activities to facilitate the training and rehabilitation of persons with disabilities whose physical and mental health is likely to benefit from participation. Riding is a proven therapy that develops, improves and promotes many aspects of rehabilitation: balance and co-ordination; muscle tone; concentration; self-discipline and self-esteem; perception and spatial awareness; communication and social skills; independence and, it also encourages decision making.

The human-animal bond is a powerful connection, and the horses offer that bond to participants each and every day. Horses are friendly, undemanding creatures that can offer a disabled body the things it may be missing - rhythm, balance, warmth and security. The steady movement on a warm and flexible animal encourages muscles to relax and then work to strengthen and develop correctly. Stimulation travels up the spine and throughout the body. Combine this with the balance required to stay on the horse during movement, and you end up creating a non-invasive method of developing core trunk strength. Riders learn to self-adjust to keep their balance and for those who are able, there are challenges with more complex exercises to improve flexibility and coordination whilst maintaining balance.

For people in wheelchairs, horse riding is the closest they will ever feel to walking again as the action of the horse’s walk corresponds to the physiology of the human walk. Children with autism who may be screaming and agitated on arrival, often seem to find peace and serenity with the warmth and movement of riding a horse. Horse riding is often the first time a child with a disability is put “in charge” of something. Their independence and decision-making skills are challenged as they learn to control speed and direction as well as solve problem exercises. This is extremely beneficial for children with developmental delay syndrome.

These stories from riders and their parents about their experiences at WRDA confirm the value of horse riding as therapy:

“When my daughter... first started (horse) riding her core strength and posture was very limited. Now many months later her posture is amazing, her listening skills have improved, and she can focus for much longer.”
My daughter... is severely handicapped she cannot stand or walk and is therefore confined to a wheelchair. She attends riding for the disabled every Tuesday. The exercise in her hips and legs has provided the right stimulation and knowledge for her to stand and take her own weight for what is termed as ‘transit stands’. This benefit cannot be measured in dollar value. As parents we are so proud of her. There appears to be no boundaries to what she can achieve in future through her horse riding and the benefits that will accrue from that.

I am visually impaired and have ataxia... Horse riding has helped strengthen my core and this means that I can use all the equipment on my desk at school without wobbling and slouching. Horse riding is the only thing I can do on a Saturday and I’m really lucky to have it because I can’t play netball, cricket or softball but I can ride!

I really valued the time at WRDA as time where I could watch ... (my son)... enjoy mastering something that didn’t come naturally but something he was actually achieving. Difficult to try and explain what I mean there, but so often he fails at what he tries and then stops trying. I took extreme pleasure in his starting independent riding and seeing him actually thinking ahead about what he had to do; the sheer joy of watching him achieve the tests we set him and so many of the ‘little things’ that we all take for granted but he has to work for, was awesome. I’m sitting here with tears in my eyes!

Note
This article was in the OT Insight file when I took over as editor. Alas, there was no information on the author nor contact details so if you wrote this, or you know who might have written it, please get in touch so that we can credit the author.
Thanks, Grace.

Thank you to Otorohunga and North Shore Riding for the Disabled Associations for supplying photos.
Growing up in South Africa, I was surrounded by people in need. It’s made me very grateful for the opportunities I have been given. Here in New Zealand, we are incredibly privileged to have access to education and resources, and I think we have a responsibility to share the knowledge we have and to look out for people who are less fortunate.

To that end, I have volunteered with Interplast Australia and New Zealand since 2016, providing hand therapy as well as training and mentoring in this specialty, to people in the Solomon Islands. It was something I wanted to do for many years, but it’s been difficult to find a suitable organisation where my specific skills are useful. I particularly like Interplast’s approach because it focuses on education and upskilling of local staff, as well as treatment for patients who would otherwise not have had access to this.

Interplast brings together volunteer plastic and reconstructive surgical teams that have performed over 25,000 life-changing operations to more than 43,000 patients in the Asia Pacific region since starting in 1983. To support the long-term health outcomes of patients and their communities, Interplast also sends volunteer allied health professionals to provide the necessary therapy for rehabilitation following surgery, and training to local allied health professionals. During my time in the Solomon Islands, I have volunteered alongside fellow New Zealand and Australian plastic surgeons, anaesthetists, nurses and allied health professionals at Honiara’s National Referral Hospital. It was great to be able to use my skills in hand therapy and scar management to treat patients who had received surgery from the Interplast volunteer surgical team.

I really enjoyed the time spent teaching the local therapists who were very welcoming and keen to learn. I ran several tutorials and teaching sessions as well as joint treatment sessions and one-on-one sessions. It was challenging working in an environment where the set-up is different to New Zealand and because I didn’t have access to the resources and equipment I would usually use. This made it a good learning experience for me because I had to figure out what was essential and alternative ways of achieving teaching and treating goals.

In the Solomon Islands, trauma caused by bush knife attacks and burns scarring are common, and result in disability, pain and isolation. In developing countries, poverty is compounded by disability. Hand surgery is a commonly performed procedure by Interplast surgeons and hand therapy plays a...
crucial role in recovery and rehabilitation. Many Interplast patients are now able to use their hands and fingers thus allowing them to return to work or caring for family members. In some cases, they are also able to use their stumps following amputation to carry buckets and other objects necessary for day-to-day living.

Hand Surgery and Therapy Helps Mum Regain her Independence

Shirley provided hand therapy for Sally (pseudonym) a 32-year-old mother of two young sons. About a year prior to Interplast’s visit, Sally accidently cut the fingers of her dominant right hand when the knife slipped while she was gardening. The wounds healed but she was unable to bend the right ring and little fingers of this hand and was no longer able to form a grip. Sally’s tendons had been cut.

During surgery, Interplast surgeons mentored local surgeons, teaching them how to use one of Sally’s wrist tendons as a graft to replace the cut tendons. After surgery, Shirley made a protective splint and taught Sally how to perform safe exercises to prevent the tendons from hardening as scar tissue. Sally was thrilled to see that her fingers were able to bend again only days after surgery. Simultaneously, Shirley was teaching local therapists how to make the splints and how to prescribe suitable exercises.

If you want to use your skills and you are adaptable and up for a challenge, then consider volunteering with Interplast. It is great to be able to use the skills that we have to make a difference to people's lives both patients and therapists in developing countries. For those who are unable to take the time out of their busy schedules to join an Interplast programme, there are many ways to support Interplast. To find out more, visit Interplast.org.au or connect with them on Facebook, Instagram and LinkedIn.

Tu mai e nga rangatira, tu mai hai mataariki, tu toi tiohanga mo te ao.

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A ship is always safe in shore but that is not what it was built for. This statement from the captain of the Spirit of New Zealand was made when he was addressing the newly arrived young people who had come on board for what was to be an exciting journey. Looking around the group I think they were all wondering what he was talking about. They were about to find out over the next five days.

For me, it started with a last minute phone call one Sunday afternoon to ask if I was available and interested in volunteering as a buddy on the tall ship - Spirit of New Zealand. Given my love of the outdoors I didn't want to turn down an opportunity such as this, to actually see adventure therapy with its experiential learning elements put into practice. I first heard about the Spirit from a friend and colleague who is also an occupational therapist. Sarah had previously volunteered on the Spirit and when telling me about a recent voyage, she made it sound exciting and really interesting. Adventure therapy incorporates the use of the outdoors and experiential learning to achieve therapeutic outcomes. The Spirit aligned well with all of those elements and so I decided to accept the invitation to volunteer so that I could participate in a voyage that would allow me to experience adventure therapy for myself.

With an increasing amount of research reporting the relationship between adventure therapy and improved well-being, sail training is being implemented around the world. Since occupational therapy skills are transferrable to non-conventional settings such as learning to sail, I wanted to enhance my professional skills and knowledge to facilitate an understanding of what goes on at a much deeper level, in an environment that challenges pre-conceptions and teaches new skills.

The Spirit of Adventure Trust is an organisation dedicated to the development of young people through adventure at sea. It was established in the 1970's by Lou Fisher, who had a passion for sailing, community connections and youth development. The idea of a tall ship upon which young people could strive to improve their potential combined his passion for sailing and his desire to better the lives of others. The boat itself is a three-masted schooner, 123ft in length. There are several different voyages open to young people; the one I joined is known as the Inspiration Voyage. Over five days, 30 young people from around New Zealand, aged between 16 to 20 years, who have a physical disability, such as cerebral palsy, and learning disabilities, such as autism, are partnered with a support person who is tasked with helping them to overcome challenges outside their comfort zone. There is a medical criterion that all participants have to meet before they can take part in the voyage but no sailing experience is required.

During the five days on the ship, each of the young people were expected to start the day by jumping into the ocean to wake up. This was followed by breakfast and a meeting to plan the day ahead. The young people quickly learnt that there were few home comforts, for instance no showers, no television and no cell phones. Instead, they had to learn to live in confined spaces with complete strangers, sleeping up to 25 people per bunk room.

Routine activities included learning to sail the ship, participating in daily chores to keep the ship clean and running...
efficiently, and completing a night watch. All the young people on board had the opportunity to contribute, and with the help of a supportive crew member, they had the chance to achieve things they probably had never attempted before. Activities followed the ‘just right challenge’ principle, meaning the task had to be difficult enough to provide a challenge to the person attempting to do it but not so difficult that the person might give up in frustration. For example, one person was challenged to climb up the mast, while another was challenged to read out the weather forecast to the collective group in the morning. There were also activities such as rafting over to a beach to play various games and of course, lots of swimming. At the end of each watch, an informal debrief was completed. This was a time when the young people were encouraged to reflect on the day’s activities and experiences.

**A Collaborative Approach**

One thing that stood out for me when being a buddy, you were not expected to tell the young people what to do all the time and/or make decisions for them. Rather, they were encouraged to make their own decisions, both as individuals and as a group. This collaborative approach is not new, occupational therapists use it with clients rather than being confined by a medical model approach. Observing the young people grow in confidence as a result of this adventure, their experiential learning by doing, and using a range of different abilities really endorsed the principles of occupational therapy for me.

It was fascinating to see the young people change and grow over the course of the five days. Initially, most of them were quiet and somewhat reserved, reluctant to step outside of their comfort zone, and requiring a lot of encouragement and support from the crew. As each day passed, new connections were formed and friendships developed. If there was an argument, the young people were encouraged to work it out amongst themselves instead of having a crew member jump in straight away to solve the problem. This was a valuable learning experience for the young people as they had to learn to resolve problems and work together.

Although the environment on board created a sense of high risk, in reality there were lots of safety procedures in place to prevent accidents or incidents from occurring. Nonetheless, the young people were aware of the risks, and so when they overcame a challenge, they were jubilant. There was a real sense of achievement, and they celebrated by climbing up the mast. Towards the end of the voyage you could clearly see the transformation in their personality and level of confidence. From starting out as shy, perhaps introverted and afraid or unwilling to give things a go, to being able to climb to the top of the mast and jump off the front of the bowsprit. All the positive outcomes outlined in research became apparent to me including, increased self-esteem, teamwork, communication, and resilience building.

**Day Five**

On the last day, the captain referred back to the words he quoted to the group on the first day: “A ship is always safe in shore but that is not what it was built for.” Now there was a much deeper understanding as the young people had experienced challenge for themselves. As a metaphor for life, the quote tells us that in order to grow and overcome life’s challenges we must be willing to leave the safety of the shore in the first place. Humans, like ships, are equipped with the necessary attributes to conquer perceived threats and to live a fulfilled life. Upon returning to the shore it was clear to see how the young people had evolved thanks to an experience, the memory of which they will carry with them when they step off the ship.

It was inspiring to hear some of the young people tell stories about the things that they had experienced and their plans for the future. For example, one young female, aged 16 had macular degeneration. She knew the long-term prognosis, and so by the end of the voyage, she had decided to travel around the world by herself to see the world before she lost her sight.

I am so glad I agreed to volunteer on this journey. Essentially, it reinforced my belief in occupational therapy per se and enhanced my impressions of adventure therapy. I believe the captain’s quote is one that everyone can relate to at some stage of their life. It is certainly one that I will be thinking of as I begin my next adventure, relocating to work as an occupational therapist in Bermuda. Stepping out of a comfort zone is an opportunity to let the magic happen; I look forward to experiencing the magic Bermuda has in store!
I have been fortunate to have had good health most of my life. However that changed on January 6, 2019 when I had an ischemic stroke. I was told my stroke was unusual in that I did not have typical factors associated with stroke - high cholesterol, high blood pressure, etc. and I did not present with the usual clinical stroke 'indicators' - poor speech, limited motor control on one side of my body.

The day before my stroke, I tramped up a local mountain (big hill). I had a number of tasks planned for the day and wanted to get up and down quickly so that I could be back home by 1pm to get on with my list of things to do. The Department of Conservation time for the tramp is seven hours plus, and I wanted to do it in five-and-a-half to six hours. I made an early start with enough kit in my pack to stay a night on the mountain if necessary (15 kg to 20 kg). Upon descending from the summit, I neglected to loosen the back pack shoulder straps which I had tightened as I neared the top. I'm told that whilst 'rock hopping' to get down quickly, the left shoulder strap must have caused my left vertebral artery to dissect (tear inside) causing a blockage. Apparently, a platelet broke off from the blockage and that is what caused my stroke during the night, at 3 am to be exact. A magnetic resonance imaging (MRI) scan identified a cluster of infarcts in my lower left cerebellum. Interestingly, on the way down the mountain, I could feel something wrong in my neck and tried to ameliorate the mild ache I was experiencing by lifting my shirt collar up, turning my hat round and lowering its rim over my neck; I thought the ache was caused by a reasonably strong southerly wind.

Once home, I got on with the tasks I had planned to do, had some tea and went to bed. Early the following morning I woke up with symptoms of what turned out to be an ischemic stroke; sweaty, nauseous (felt awful but was not sick), could not stand (very little vestibular control); I was also seeing double and had reduced hearing in my left ear. Later the same day, I saw a local doctor and was immediately sent to an accident and emergency clinic where a stroke was diagnosed. I was admitted to hospital and stayed for three days before being discharged with a prescription for blood thinners.

**Time in Hospital**

I can honestly say I received excellent care in hospital. Although I know my cognitive function was impaired, I can clearly remember details that might be of interest. As a patient, I found myself on a well-trodden 'stroke recovery pathway'. My time in hospital was typically a mixture of sleep, visits by health professionals, meds, meals, room cleans, visits to the loo/shower, cups of tea and visits by family and friends. As a patient with experience in the health field, here are some of the observations which may be of interest.

**Patient power**

Despite my obviously poor state of health, my relationship with the staff was empowering. As far as the hospital hierarchy was concerned, I was on par or even above other employees in terms of my ideas/wishes. I don't know what the situation would have been like if I had not taken the health professionals' advice but from the consultant down, I felt my opinion was respected and staff were 'there for me'. As far as I remember, all my requests were met, whether that be, having the curtains closed or being provided with a cup of water (I knew hydration was important for enhanced brain function/repair).

**Time for humanising**

In contrast, the ways in which certain staff responded to demands on their time was noticeable. In some instances, I felt like a collection of statistics and symptoms that needed to be addressed before I could be discharged. Whilst it was clear everyone was under pressure with plenty to do it was that glance, that smile, that question or that extra second to listen that supported me as a human being. As someone once said, "It's not so much what you do or say that matters, it's how you make people feel."

**The power of sleep**

A member of my family who recently suffered a concussion told me sleep was very important for supporting 'neuro-plastic' recovery. Having tended to 'run' on adrenaline and lists most of my working life, I was quite shocked to realise how quickly I tired following my stroke. A couple of months on and now back at work, this is seldom an issue, but it very much was at that time. Thanks to the advice, I am very aware that sleep is one of the most effective healing modalities for supporting recovery (I was sleeping or had my eyes closed 18 plus hours a day). Aligned with this, I have learnt to 'listen to my body' as it knows best. I still have some way to go, but I am considerably better at stopping to reflect and recharge than I was before. It also helps to acknowledge that I am no longer a 30-year-old!!!

**'Neuro-bytes'**

In keeping with the thought on sleep, I found lying down flat (no pillow) and having my eyes closed in the dark (eye mask on or curtains drawn) very helpful. I now understand that different brain functions use different levels of neuro-bytes. For example, if I wear sunglasses on a bright day (particularly brownish polaroid ones when I am driving), I am able to concentrate for longer periods of time than I can without sunglasses.
I suspect our visual/occipital lobe uses more neuro-bytes than other brain functions. On the stroke pathway, medication, rest, nutrition and monitoring are all recommended as healing modalities. Additionally, whilst sleep was enabled, I was not aware of being proactively encouraged to sleep (i.e. given face masks, ear plugs etc.). I deliberately slept or kept my eyes closed as much as possible. I also asked for my door to be kept shut to reduce noise. I suspect increased sleeping time and resting my eyes played a major part in my surprisingly quick recovery.

‘Systemic fear’
Aligned with point 1, although the consultant was very good (and perhaps because of this), one of the nurses seemed to be afraid of her. When I asked about this, she said she “would not dare to speak to her” (the consultant). How can intimidation like this be a positive thing?

Who will the consultant and patient turn to if someone makes a mistake? Who is going to speak up? What would health and safety have to say about a system that induces so much stress in staff?

An insight to volition
It did not take long to work out that if I wanted to be discharged, which I did, I needed to be seen to improve (e.g. vision, balance etc.), and personally attend to ADL’s (eat my meals etc.). By day three, I had a couple of ideas in mind to encourage the consultant to discharge me. Having given good eye contact, stated the correct name and demonstrated good progress the day before, I reckoned I was in with a chance. Having given good eye contact, stated the correct name and demonstrated good progress the day before, I reckoned I was in with a chance. That morning, the consultant and colleagues came to my room just as I was about to sit on the bed. When told not to sit down “I want to see you walk” I duly walked up to the consultant and asked her if she wanted to dance. My invitation received a rather curt, “No, I don’t want to dance.” I was not rude, but I do think she was happy to ensure I would not be around the following day. When I glanced across at the nurse, we shared a momentary smile. I now feel I am beginning to understand the power of patient volition!

In Conclusion
Based on current performance levels across the likes of vision, balance and cognition, I am more or less back to where I was before my stroke. The hearing in my left ear is still poor but interestingly, I have improved in other areas such as, peripheral and spatial recognition and word recall. I think this is largely a result of doing neural integration sessions our daughter recommended. In terms of my work-related skills, all are much as they were although I would like to sharpen up my typing and texting skills. Given that I have mild dyslexia, these were never great and probably never will be, but there is always hope, and at least they don’t require me to be able to hear!!!

This experience has certainly strengthened my belief in the idea of establishing and understanding consumer volition. Unless requests are contrary to best practice, I suggest ‘their way’ is likely to be the ‘right way’. Acknowledging that the consumer knows what their body is telling them may help to secure compliance. These two factors alone are likely to be positive influences on consumer recovery and well-being (with a bit of support and guidance from us)!!! As I often tell students, “our job is not to do for, but to enable.”

With the help of the health professionals who work with people who have had a stroke, I have applied to ACC for support (traumatic injury). God willing, they will provide. I mention God because one of the reflections I have had since my stroke is “what does spirituality mean within occupational therapy/healthcare?” How is it a therapeutic modality in occupational therapy? For example, how do we implement, assess and report it? Where is the occupational therapy research and evidence base on this subject? Where are the meta research studies? - or am I just using the wrong databases? Is that a potential topic for an OT Insight article?

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ABSTRACT
Globally depression affects nearly a quarter of the world’s population and is one of the leading causes of disability and morbidity (World Health Organisation [WHO], 2017a). Worldwide women are twice more likely than men to have depression in their lifetime (WHO, 2017a); with stressed working mothers significantly more vulnerable. An occupational perspective can add new understandings on how working mothers respond and deal with stress, anxiety and depression. This interpretive descriptive study aimed to uncover an occupational perspective on working mothers’ mental health to inform the development of a new kind of practice aligned to prevention focused primary health interventions. The study sought to firstly understand how an occupational perspective explains working mothers’ stress, anxiety and depression; and secondly, what the participants considered to be current and future solutions to managing the complexity of their lives.

Following ethics approval, participants were recruited via a purposive sampling method. Data were collected from nine working mothers of children under five years via individual interviews and a focus group. Transcribed data were analysed using thematic analysis.

The findings suggest that multiple, complex and interplaying personal and environmental challenges increased working mothers’ stress, anxiety and depression. The data revealed that the struggle to find the right balance, the struggle with others’ expectations and the struggle with ongoing and/or multiple events were key factors that contributed to stress, anxiety and depression. Mirroring these challenges were equally complex strategies and supports working mothers found useful and needed. These strategies included prioritising/reprioritising, getting help/support from others, supportive activities and wishes for the future.

The study identified that working mothers do not have access to enough relevant supports to address their complex and dynamic challenges and needs. Several new potential strategies were identified within health (including occupational therapy), social and community sectors. These strategies have the potential to more comprehensively address New Zealand working mothers’ issues and subsequently contribute to the prevention/promotion of mental health for this population. However, in order to see the culmination of these changes, a broader political, social and health sector reorientation to address gender inequality is needed.

Thesis link: http://hdl.handle.net/10292/11806
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29  Embdding Sensory Modulation in Occupational Therapy Practice (9.00 am - 4 pm), Ponsonby, Auckland. Presented by Andrea Dempsey MHSc. NZROT. To register go to: https://chameleoncourses.co.nz/

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2  Infant Mental Health (Live Webinar). For more information visit: https://www.occupationaltherapy.com/ot-ceus/course/infant-mental-health-4276
6-7  Recognise: Health Education Seminars. Details available at: https://thenakedphysio.com/recognise-health-education/
10-12  Occupational Therapy Australia’s 28th National Conference and Exhibition. To learn more visit: www.otaus2019.com.au
31  Abstracts close for TOTA 2019 Annual Meeting and International Conference. For more information visit: http://www.ot-roc.org.tw/

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21-25  OT Week 2019. For updates, check our website: www.otnz.co.nz
27  World OT Day (WFOT). For more information, visit: https://www.wfot.org/would-occupational-therapy-day

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2-3  TOTA 2019 Annual Meeting and International Conference. For more information visit: http://www.ot-roc.org.tw/
12-14  Oceania Seating Symposium, Melbourne Cricket Ground. For more information: http://www.cmznz.co.nz/oceania-seating-symposium/
22-24  ISSTD Conference, Christchurch. For more information, visit: https://www.nzcpp.co.nz/events/conferences/issstd-conference-christchurch/?date=2019-11-22

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