HEALTH- RELATED QUALITY OF LIFE OF PATIENTS POST PELVIC FRACTURES IN THE TSHWANE ACADEMIC HOSPITALS, PRETORIA, SOUTH AFRICA

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Submitted in fulfilment of the requirements for the degree of Masters in Physiotherapy in the School of Health Care Sciences, Sefako Makgatho Health Sciences University.

JULY 2017
DECLARATION

I, Ntombenkosi A Sobantu, declare that the work contained in this document is my own original work, which I am the sole author thereof and I have not previously submitted it for obtaining any qualification.

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________________________________
Muziwakhe D. Tshabalala
Witness
DEDICATION

This research work is dedicated to my beautiful daughter Thando Takasile Sobantu and my handsome son Sethu Siyavuya Sobantu.
ACKNOWLEDGEMENTS

I wish to express my sincere gratitude to my supervisor Mr MD Tshabalala, for his guidance, constant encouragement and unwavering support in this study. This study would not have seen the light of the day if it was not for him.

Sincere thanks to my co-supervisor Dr L Skaal, for her contribution.

I would like to thank the participants for availing themselves for the purpose of the study.

Thanks to Mr Skhosana at the records office at DGMAH, the staff members at the records office at SBAH and Ms Precious Makweya, a physiotherapist at Kalafong hospital who assisted me with accessing the patients’ medical records.

I would like to thank my children Thando and Sethu Sobantu for being in my life, for if it was not for them I would have not persevered until this far, as I wanted to be a role model to them.
# ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immuno Deficiency Syndrome</td>
</tr>
<tr>
<td>APC</td>
<td>Antero-posterior Compression</td>
</tr>
<tr>
<td>CM</td>
<td>Combined Mechanism</td>
</tr>
<tr>
<td>CSP</td>
<td>Chartered Society of Physiotherapy</td>
</tr>
<tr>
<td>DALY’s</td>
<td>Disability-adjusted life years</td>
</tr>
<tr>
<td>DGMAH</td>
<td>Dr George Mukhari Academic hospital</td>
</tr>
<tr>
<td>DoH</td>
<td>National Department of Health</td>
</tr>
<tr>
<td>EAC</td>
<td>Early Appropriate Care</td>
</tr>
<tr>
<td>FIM</td>
<td>Functional Independence Measure</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immuno Virus</td>
</tr>
<tr>
<td>HRQoL</td>
<td>Health Related Quality of Life</td>
</tr>
<tr>
<td>ICF</td>
<td>International Classification of Function, Disability and Health</td>
</tr>
<tr>
<td>IMN</td>
<td>Intra-medullary nail</td>
</tr>
<tr>
<td>KAH</td>
<td>Kalafong Academic hospital</td>
</tr>
<tr>
<td>LC</td>
<td>Lateral Compression</td>
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<tr>
<td>MBA</td>
<td>Motor Bike Accident</td>
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<tr>
<td>MDG</td>
<td>Millenium Development Goals</td>
</tr>
<tr>
<td>MMT</td>
<td>Mini Mental Test</td>
</tr>
<tr>
<td>MVA</td>
<td>Motor Vehicle Accident</td>
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<tr>
<td>NHI</td>
<td>National Health Insurance</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>ORIF</td>
<td>Open Reduction and Internal Fixation</td>
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<td>QALYs</td>
<td>Quality-adjusted life years</td>
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<td>QoL</td>
<td>Quality of Life</td>
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<tr>
<td>RAF</td>
<td>Road Accident Fund</td>
</tr>
<tr>
<td>ROM</td>
<td>Range of Movement</td>
</tr>
<tr>
<td>SBAH</td>
<td>Steve Biko Academic hospital</td>
</tr>
<tr>
<td>SDGs</td>
<td>Sustainable Developmental Goals</td>
</tr>
<tr>
<td>SI</td>
<td>Sacroiliac</td>
</tr>
<tr>
<td>SIJ</td>
<td>Sacroiliac joint</td>
</tr>
<tr>
<td>SMUREC</td>
<td>Sefako Makgatho University Research, Ethics Committee</td>
</tr>
<tr>
<td>SPSS</td>
<td>Statistical Package of Social Sciences</td>
</tr>
<tr>
<td>VS</td>
<td>Vertical Shear fracture</td>
</tr>
<tr>
<td>WCPT</td>
<td>World Confederation for Physical Therapy</td>
</tr>
<tr>
<td>YLDs</td>
<td>Years Lived with Disability</td>
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DEFINITION OF TERMS

**Pelvic fractures:** Encompass a wide spectrum of injuries that include soft tissue and a disruption of the bony structures of the pelvis, including the sacro-iliac joint, sacrum, ilium, ischium, pubic rami and coccyx (Durkin, Sagi, Durham and Flint, 2006; Guthrie, Owens and Bircher, 2016).

**Perspectives:** Participants’ views and unique lived experiences (Collins, Strike, Guta, Turje, McDougall, Parashar and McNeil, 2017).

**Health Related Quality of Life (HRQoL):** the individual’s perception of life in relation to culture and the value systems they live in and how it influences their goals and expectations (Vahedi, 2010).

**Physiotherapy rehabilitation:** use of movements/exercises and physical agents to remedy impairments and promote mobility, function and quality of life (WCPT, 2011).

**In-patient Physiotherapy:** The exercises or the physiotherapy intervention the patients receive during their hospital stay (WCPT, 2017).

**Out-patient physiotherapy:** The physiotherapy intervention/exercises the patients receive in the physiotherapy department after they have been discharged from the hospital (WCPT, 2017).

**Home/ward program:** The exercises a patient is given and is expected to do in the ward/home as continuity to the physiotherapy intervention one receives from the physiotherapists (Auais, Eilayyan and Mayo, 2012).

**Productivity:** refers to how efficient and effective an individual is with regard to input and output volumes in everyday life (Krugman, 1994).

**Social integration:** is how the individuals relate to one another in the society giving a sense of belonging (Laurenstsyeva and Venturini, 2017).
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ABSTRACT

Background and Objectives

South Africa (SA) is faced with a quadruple burden of disease, however information about the burden of disease in SA is incomplete. The most common cause of injuries (Group III) in SA is trauma, which is due to motor vehicle accidents (MVA). Pelvic fractures are one of the injuries that are likely to occur due to high velocity impacts during MVA. There is a higher survival rate of patients following pelvic fractures due to a better multidisciplinary approach but unfortunately there is also a rise in the residual persistent disabilities.

The main aim of this study was to explore the Health-Related Quality of Life (HRQoL) of patients post pelvic fractures in the Tshwane Academic hospitals, Pretoria, South Africa.

Methods

A mixed methodology research following an Explanatory Sequential study design comprising two phases was used where the quantitative data was collected first using a data collection form. Quantitative data was analysed to build up for phase 2 qualitative data collection. Ethical clearance was obtained from the University’s Research and Ethics Committee (MREC/H/37/2014: PG) prior to commencing the study. Permission was obtained from the three hospitals before accessing the medical records and the participants signed informed consent before phase 2 of data collection. A total of 236 medical records were quota sampled from three academic hospitals in the Tshwane region in Pretoria, Gauteng, South Africa and a profile of patients with pelvic fractures was determined. Thereafter in-depth interviews were conducted on 20 participants following an interview guide to explore the HRQoL. Data saturation was reached.

Results

Of the 236 records of patients, the majority (85%) of the pelvic injuries were due to MVA, of which 37.31% were passengers and 35.32% were pedestrians. The mean age of participants was 32.67 ± 11.71, the youngest was 18 years and the oldest 70 years old. Half (50%) of the patients sustained one or more fractures of the pelvis and other bones (poly-trauma). Almost a fifth (19.76%) sustained injuries involving the urinary system. Almost all the patients (97.9%)
were managed on bed rest, with 25.8% being managed on skin traction. Surgical management of the pelvis was done in 33.47% of the patients. Only 54.2% of patients with pelvic fractures received physiotherapy.

In-depth interviews portrayed a poor HRQoL among participants when compared to their pre-injury state. Four themes viz. Physiotherapy rehabilitation, Productivity, Social integration and Function and Disability emerged. Participants reported changes in their lives, such as: (1) Quitting their jobs as they were not able to cope with the expected job demands, (2) Stopping the sporting activities they were involved in, (3) Acknowledging their shortcomings since the pelvic fracture, and had to allow their family members to help/intervene when necessary, (4) poor performance or experiencing difficulties in their work, (5) Being not sure about their future and (6) Not having much interest in life anymore.

**Conclusion**

The majority of patients who had sustained pelvic injuries were young unmarried males. Even though Physiotherapy had a positive impact in all the participants, they still presented with a poor quality of life (QoL) when compared to their pre-injury state.

**Key words**

Pelvic fractures, Orthopaedic management, Physiotherapy Rehabilitation, HRQoL
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CHAPTER 1

INTRODUCTION

1.1 Background

Burden of disease is often quantified in terms of quality-adjusted life years (QALYs) or disability-adjusted life years (DALYs), both of which quantify the number of years lost due to disability (YLDs) (WHO, 2004). Developing countries are often faced with a double and triple burden of diseases (National Health Insurance (NHI), 2009). However, in SA the burden of disease is quadruple of which, injuries are rated 3rd cause for morbidity. According to Bradshaw, Groenewald, Laubscher, Nannan, Nojilana, Norman, Pieterse and Schneider (2003), information about the burden of disease in SA is incomplete and comprehensive and precise health information is recommended as essential for formulating health policy and planning to meet the demand for appropriate health services and interventions.

The most common cause of injuries (Group III) in SA is trauma, which is due to motor vehicle accidents (MVA), (Mayosi, Lawn, van Niekerk, Brasdshaw, Abdul Karim and Coovadia, 2012). The mortality rate following MVA is decreasing even though the prevalence remains high and negatively affects society and the economy globally (Mayosi et al., 2012; Chang, Chu, Hsu, Tseng and Yang, 2014). According to Inaba, Sharckey, Stephens and Brenneman (2004), survivors of pelvic fractures following MVA are often left with poor quality of life. This results in increased health services utilisation and depletion of resources.

One of the likely injuries to occur is the pelvic fracture due to the high velocity impacts following MVA (Cannada and Barr, 2010). Pelvic injuries are known to be the major injuries that affect both the functional and socio-economic status of an individual (Cannada and Barr, 2010). Pelvic fractures constitute an incidence of two to eight percent (2- 8%) of all musculo-skeletal injuries worldwide (Grotz, Allami and Harwood, 2005). In KwaZulu Natal, South Africa, from March 2007 to August 2009, the reported incidence of pelvic fractures was 16% of the entire major trauma injuries. According to Metze, Tiemann and Josten (2007), there is a higher survival rate of patients
following pelvic fractures, due to a better multidisciplinary management approach but unfortunately, there is also a rise in the residual persistent disabilities.

The quadruple burden of diseases prevents faster development towards attainment of the Millenium Development Goals (MDGs) according to Makube, (2013). The quality of care provided within the SA public health care system was a major concern to the analysts (Okorafor, Thomas and McIntyre, 2005) as it did not promote good Quality of Life (QoL). A Health 10 point Plan was released by the National Department of Health (DoH) to promote equity in the delivery of health services. One of the Health 10 point plan was to improve the quality of health care. Subsequently, in September 2015, the world adopted the 2030 Agenda for Sustainable Development which includes 17 Sustainable Development Goals (SDGs) as a build-up of the MDGs with Goal 3 being to ensure healthy lives and promote well-being for all at all ages (United Nations Development Program, 2015).

Strengthening and improving the rehabilitation services in the public sector for patients who sustained pelvic fractures might have to be of outmost importance to ensure that the affected patients get improved health care services and improved QoL. According to the Chartered Society of Physiotherapists (CSP), the goal of Physiotherapy is to provide the patient with an optimum return of function by improving functional skills, self-care skills and safety (CSP, 2011). This would ensure that the patients’ Health Related Quality of life (HRQoL) is not putting them at a disadvantage therefore leading them to more years of life lived with disability (YLDs) (Bradshaw et al., 2003). The evaluation and management of pelvic fracture patients by physiotherapists is executed within the biopsychosocial model as guided by the International Classification of Functioning, Disability and Health (ICF) framework (Clinton, Newell, Downey and Ferreira, 2017).

Therefore, this study aimed to determine the profile and management of patients who sustained pelvic fractures in the Tshwane Academic hospitals and to explore the participants’ perspectives on their HRQoL, their hospital management and their physiotherapy rehabilitation post pelvic fracture. This will assist the health care team in determining if their intervention has a positive effect in the patients’ HRQoL. This might also help the health care team in upgrading and reinforcing the health care services they are offering to the patients who have sustained pelvic fractures.
1.2 Problem statement

Patients, post pelvic fractures, usually present with a poor quality of life (QoL) for a number of years post injury (Rapp, 2008). There is a paucity of literature on the evidence-based functional outcome reports on the QoL in patients who sustained pelvic fractures worldwide (Borg, Berg, Fugl-Meyer and Larsson, 2010), however, little is documented on HRQoL of these patients, post pelvic fracture in SA. The Tshwane academic hospitals often admit patients with pelvic fractures and also do not have evidence-based outcomes reported or documented on the success of the management on these patients which includes coping strategies post-discharge. Anecdotal evidence shows that patients being treated in Tshwane academic hospitals often complain of difficulty in walking long distances and pain that restrict their function, further leading to poor QoL. Therefore, management of all aspects that include the physical, emotional and sexual function of these patients will ensure that health care interventions address the much needed QoL.

Since SA is reported to be faced with a quadruple burden of disease, assessing the QoL of patients post pelvic fractures will form a baseline as to which aspects need to be emphasized in their rehabilitation protocol to promote better health. Physiotherapists are involved in the management of these patients from admission till discharge from hospitals and can also do follow-up rehabilitation post discharge. However, patients are often not followed-up post discharge and sometimes they default treatment, leading to them experiencing poor QoL. The resultant poor QoL might be due to impairments such as fixed pelvis and leg-length discrepancy further leading to poor function and chronic pain.

It is also not known whether those patients who come for treatment regularly have a good QoL compared to those who do not. Currently, SA physiotherapy institutions train students using different outcome measurement tools that do not always address the broad aspects of treatment integrating the physical, emotional, sexual function and the HRQoL. It is therefore envisaged that the results from the qualitative part of this study will inform the physiotherapy professionals and training institutions of all aspects that need to be addressed following pelvic fractures through recommendations emanating from this study.
1.3 Research question

The question that guided this study is as follows:

What is the Health Related Quality of Life of patients post pelvic fractures in the Tshwane academic hospitals, Pretoria, South Africa?

1.4 Aim of the study

The main aim of the study was to explore the Health Related Quality of Life of patients post pelvic fractures in the Tshwane Academic hospitals, Pretoria, South Africa.

1.5 Objectives of the study

The objectives of the study were arranged according to the phases of the study as follows:

**1.5.1 Phase 1: Review of patients’ medical records (quantitative study)**

1.5.1.1 To determine the socio-demographic profile of patients post pelvic fractures in the Tshwane academic hospitals from 2008 to 2013.

1.5.1.2 To determine the type of management done on patients with pelvic fractures in the Tshwane academic hospitals from admission to discharge.

**1.5.2 Phase 2: In-depth interviews with participants (qualitative study)**

1.5.2.1 To explore the participant’s perspectives on their HRQoL post pelvic fracture.

1.5.2.2 To explore the participants’ experiences regarding physiotherapy rehabilitation post pelvic fracture.

1.5.2.3 To explore the participants’ views on the impact of physiotherapy on their HRQoL.
1.6 Significance of the study

The health care practitioners, including the Physiotherapists, will be informed about the different aspects that need to be evaluated in patients that have sustained pelvic fractures and identify the relevant and appropriate health interventions to address them.

The patients who sustain pelvic fractures will benefit from this study as the health care professionals will be better equipped to rehabilitate them to achieve better functional outcomes.

The recommendations from the study will also assist the physiotherapists in developing an outcome measurement tool and Physiotherapy guidelines for pelvic fractures that are specific to the needs of patients within the South African setting.

The findings of this study might also remind the Physiotherapists of their crucial role in curbing the rate of disability in patients post pelvic fractures as they are the first line practitioners.

The study might also inform the national health systems on the extent and severity of the burden of pelvic fractures in the Tshwane region.
CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The literature review below is presented according to the objectives of this study. The following aspects are addressed: socio-demographics of patients with pelvic fracture, the management of pelvic fractures particularly the surgical, medical, rehabilitation (including physiotherapy), and other health intervention aspects; the health related quality of life post pelvic fracture; perspectives on quality of life and the management received.

The following electronic databases were searched for relevant literature: Medline/Pubmed (1956 to November 2017), CINAHL (1982 to November 2017), Cochrane database (2008), PeDro data base and the Science Direct Database for the Journal of Social Science & Medicine. The search was limited to studies conducted in English. The keywords used to channel the search were pelvic fractures, HRQoL, QoL, physiotherapy, physiotherapy rehabilitation and physical therapy. The reference lists in studies and review articles were also considered. South African government websites i.e. www.policy.gov.za, www.info.gov.za and www.doh.gov.za, were also searched for various bills, policies and acts related to the topic.

2.2 Socio-demographics of patients with pelvic fractures

An incidence estimated to be 20-25% of pelvic fractures has been reported in patients presenting with multiple trauma (McCormack, Strauss, Alwattar and Tejwani, 2010). The researchers also acknowledged that this seems to be increasing due to the high incidence of motor vehicle accidents (MVA). A study done in KwaZulu Natal in South Africa (SA) from March 2007 to August 2009 by Palmcrantz, Hardcastle, Naidoo, Muckart, Ahlm and Eriksson (2012), reported an incidence of pelvic fractures to be at 16% of the entire major trauma injuries. A pubic symphysis diastasis is reported as one of the obstetrical complications following spontaneous delivery even though it is
rare; it is also associated with sacroiliac joint widening and separation (Shippey, Roth and Gaines, 2013). However, according to McCormack et al., (2010), pelvic fractures can only be sustained through a high energy traumatic event due to the inherent stability of the pelvis. Motor vehicle accidents and falls from heights were found to be amongst the most common causes of pelvic fractures (Palmcrantz et al., 2012).

Most of the pelvic injuries occur between the ages of 15 to 30 years followed by 50 to 70 years, and are most common among males between 15 to 25 years of age (McCormack et al., 2010). Pan, Chang, Chu, Hsu, Hsu, Tseng and Yang (2014), also found that a higher percentage of males were involved in traffic accidents than females. Furthermore, the age ranges that were affected the most were 30-49 years followed by 18-29 years, then 50-64 years followed by over 65 years and lastly 0-17 years (Pan et al., 2014).

There are two classification systems that are most commonly used to describe the pelvic fractures: the Tile classification that is based on the integrity of the posterior sacroiliac complex and the Young and Burgess classification which is based on the mechanism of the injury.

The Tile classification has:

1. Type A: rotationally and vertically stable, the sacroiliac complex is intact.
   - A2: stable iliac wing fractures or minimally displaced pelvic ring fractures.
   - A3: transverse sacral or coccyx fractures.

2. Type B: rotationally unstable and vertically stable, caused by external and internal rotational forces, resulting in partial disruption of the posterior sacroiliac complex.
   - B2: Lateral compression (LC) injuries.
   - B3: bilateral type B injuries.

3. Type C: rotationally unstable and vertically unstable, complete disruption of the posterior sacroiliac complex.
   - C1: unilateral injury
   - C2: bilateral injuries in which one side is a Type B and the contralateral side is is a Type C injury
- C3: bilateral injury in which both sides are Type C injuries (McCormack et al., 2010).

The Young and Burgess classification can be defined as follows:

1. Anterior-posterior compression (APC).
   - APC type I: < 2.5 cm widening of pubic symphysis with intact posterior pelvic ligaments, pubic rami vertical fracture.
   - APC type II: > 2.5 cm widening of pubic symphysis with anterior opening of sacroiliac (SI) joint, posterior SI ligaments are intact, anterior SI, sacrotuberous and sacrospinous ligaments are torn. Open book injury.
   - APC type III: complete disruption of pubic symphysis and ipsilateral ligaments. Rotational and vertical instability of hemipelvis.

2. Lateral compression (LC).
   - LC type I: sacral impaction on side of impact and ipsilateral transverse pubic rami fracture.
   - LC type II: anterior transverse pelvic fracture, internal rotation of hemipelvis towards the midline.
   - LC type III: LC I or II with contralateral open book injury, complete disruption of posterior ligaments.

3. Vertical shear (VS): vertically directed force with disruption of all ligaments of the pelvis. There is complete disruption of symphysis or a vertical fracture of one or both pubic rami with a vertical displacement of the hemipelvis.


According to Furey, O’Toole, Jason, Nasscone, Sciadini, Copeland and Tren (2009), the classification of pelvic fractures helps in identifying the bony structures that are involved, the proper management and the prognosis of the patients following these injuries. The Young and Burgess classification assists in identifying the associated injuries and the specific treatment options and the Tile classification determines injuries that need surgical management (Furey et al., 2009). These two classifications of pelvic fractures have been known to facilitate decision making, treatment and prediction of potential associated injuries and outcomes (Dimitriou and Giannoudis, 2012).
Pelvic fractures do not usually occur alone but in polytrauma, with Type C being the most common injury and lateral compression being the most common pathomechanism (Sosin, Dutka, Libura and Skowronek, 2006). A study done by Metze et al., 2007, also found that there were more Type C injuries, followed by Type A and then Type B, with the majority of patients having sustained polytrauma.

2.3 Management of Pelvic Fractures

Generally, the management of pelvic fractures poses a challenge even to the most experienced trauma surgeon together with the coexisting injuries which makes it difficult to develop treatment protocols (Dimitriou and Giannoudis, 2012). According to Prieto-Alhambra, Avilés, Judge, Van Staa, Nogués, Arden, Díez-Pérez, Cooper and Javaid (2012), there are therapeutic strategies that are used to promote outcomes in patients with lower limb fractures but there is paucity of literature in determining the care of pelvic fractures aimed at improving the patients’ outcomes.

2.3.1 Medical Management

Stable pelvic fractures are managed with bed rest until the patient’s condition allows ambulation, whereas unstable anterior and posterior pelvic fractures can be managed with closed reduction and percutaneous fixation for early stabilization (Ayvaz, Caglar, Yilmaz, Guvendik and Acaroglu, 2011). The management of unstable pelvic fractures has been bed rest, skeletal traction, pelvic slings or hip spica casts, however these techniques lead to a number of complications due to immobility (Hakim, Gruen and Delitto, 1996). A multidisciplinary team approach is important in the management of patients who sustained injuries in more than one systems of the body as in the case of post-partum pubic symphysis diastasis (Shippey et al., 2013). Some studies indicate that conservative treatment using a pelvic binder, analgesics, transcutaneous electrical stimulations and bedrest can be used to manage a symphyseal diastasis (Shippey et al., 2013).

Temporary stabilisation of the pelvic fractures is usually done whilst awaiting physiological stabilisation of the patient and these include wrapping a sheet around the pelvis and pelvic binders to provide circumferential compression and reduce pelvic volume in open-book fractures, C-clamp
for stabilisation of the posterior elements or external fixators for stabilisation of the anterior elements (Dimitriou and Giannoudis, 2012).

2.3.2 Surgical Management

Surgical management of a patient post pelvic fracture is often done when a patient has already achieved physiological stability (Dimitriou and Giannoudis, 2012). According to Shippey et al. (2013), open reduction and internal fixation and a tension-free sling has been considered in the treatment of symphseal diastasis in other studies due to the poor outcomes following conservative management. External and internal fixation has been a treatment of choice for unstable pelvic fractures to reduce the risk of complications (Hakim et al., 1996). However, these authors also highlighted problems like difficulty in sitting and decreased activity levels to be associated with external fixators due to inadequate stabilisation of the posterior portion of the pelvic ring. In contrast, internal fixation promotes both the anterior and posterior stability of the pelvis thus allowing early progression to full weight bearing (Hakim et al., 1996). Posterior percutaneous plate osteosynthesis has been found to be a better treatment of choice for unstable posterior pelvic ring fractures as compared to sacroiliac screw fixation as it yields good functional outcomes (Kobbe, Hockertz, Sellei, Reilmann and Hockertz, 2012). Percutaneous anterior pelvic internal fixation promotes better reduction and stabilisation of the fracture in both the unilateral and bilateral pubic rami fractures with no symphysis pubic diastasis (Dahill, McArthur, Acharya, Ward and Cheeser, 2015). A matta symphyseal plate for Type B and C injuries was found to be effective in stabilising these injuries (Morris, Loveridge, Smart, Baker, Odutola, Torrie, Ward and Chesser, 2012). When a symphysis diastasis exceeds 2.5 cm, plating of the symphysis is recommended (Dimitriou and Giannoudis, 2012).

2.3.3 Rehabilitation

Rehabilitation is a very important aspect in health services that needs to be commenced early in the treatment of patients post pelvic fracture to prevent further problems, improve the patients’ functional outcomes and their early return to the community (Foster, 2003). Rehabilitation medicine involves a team approach comprising psychiatrists, neurosurgeons, orthopaedic surgeons,
occupational therapists, orthotists, physiotherapists, prosthetists, psychologists, rehabilitation and technical assistants, social workers and speech and language therapists among others (WHO, 2011). According to Gillespie (2009), rehabilitation is a multidisciplinary approach that includes medical and nursing staff, physiotherapists, occupational therapists and community services. Physiotherapy is one significant rehabilitation service for patients who sustained fractures.

The goal of rehabilitation is to improve optimum function which is achieved by identifying and treating the problem thus reducing impairments (WHO, 2011). Archer, Mackenzie, Castillo and Bosse, (2009) observed that rehabilitation improves the outcomes associated with lower limb traumatic injuries. Rehabilitation outcomes in a person’s performance or functioning include communication, mobility, self-care, education, work, employment, quality of life, community integration, return to work, leisure and recreation among others (WHO, 2011). The WCPT (2011) policy statement is aligned with the ICF framework to ensure that contextual factors supporting the rehabilitation goals are addressed.

2.4 The Health-Related Quality of Life (HRQoL) post pelvic fractures

The HRQoL is the individual’s perception of life in relation to culture and the value systems they live in and how it influences their goals and expectations (Vahedi, 2010). Further emphasised by Vahedi (2010) is that HRQoL is dependent on the individual’s physical health, psychological state, and level of independence, social relationships and their relationship to the environment. In this study, the HRQoL will encompass the overall quality of life from the patients’ perspective post pelvic fractures including their perspective of their hospital management.

Pelvic injuries are known to affect both the functional and socio-economic status of an individual (Cannada and Barr, 2010). Chronic pain and disability ranging from moderate to severe seem to be more common in all patients following unstable pelvic fractures (Mkandawire, Boot and Braithwaite, 2002). There was evidence of disability and chronic pain in only 54% of the patients who had stable pelvic fractures, with mild disability in 42% and moderate to severe disability in only 12%; chronic pain rated as mild in 24% and moderate to severe in 30% (Mkhandawire et al., 2002). The authors further reported more functional problems with activities of daily living, work, sport and mobility in patients with unstable pelvic fractures as compared to those with stable pelvic fractures. Slobogean, Lefaivre, Ngai, Broekhuysen and O’Brien (2012), found that mobility and
employment difficulty, emotional stress, sleep and anxiety and sexual function were rated the most affected domains following pelvic trauma.

Long term impairments leading to disability (moderate to severe), low rates of return to employment and chronic pain were noted sequelae of lower limb injuries (Archer et al., 2009). Kabak, Halici, Tuncel, Avsarogullari, Baktir, and Basturk, (2003) revealed that patients who had unstable pelvic ring fractures and were treated by open reduction and internal fixation (ORIF), complained of pain of pelvic origin, which prohibits prolonged sitting or standing and limits routine daily activity. However, according to Ayvaz et al. (2011), early anatomic reduction and stable fixation of an unstable pelvis results in diminished pain, early mobilization and improvement of patient outcome. This is supported by Borg et al., (2010) who found that adequate reduction of a posterior displacement in pelvic fractures is associated with less pain in contrast with persistent malreduction which leads to malunion.

Yerasimides and Roberts (2005) reported an association between pelvic fractures and genitourinary injuries and sexual dysfunction which seems to be a frequent occurrence following pelvic fractures. Metze et al., (2007) describes sexual dysfunction as a disability that has a severe negative impact on the quality of life of a patient and is classified as erectile dysfunction, ejaculatory dysfunction, sensory loss in the genital region and pain during sexual activity. The incidence of erectile dysfunction has been found to be very common and is reported to be as high as 30% in patients following pelvic fractures (Harwood, Grotz, Eardley and Giannoudis, 2005). Most patients who had many problems related to sexual dysfunction were classified as having Type B and Type C pelvic injuries (Metze et al., (2007). A significant decrease in sexual function was found to be directly associated to the severity of the injury in patients following a pelvic fracture (Harvey-Kelly, Kanakaris, Obakonovwe, West and Giannoudis, 2013). The incidence of sexual dysfunction in patients following pelvic fractures was reported to be 35.9% and 39.6% in men and females respectively (Harvey-Kelly, Kanakaris and Giannoudis, 2011). Harvey-Kelly et al., (2011), found that sexual dysfunction is associated with age, pelvic fracture pattern, the presence of a urogenital injury and the injury severity score. Urinary incontinence is also very common following pelvic fractures (Demetriades, Karaiskakis, Toutouzas, Velmahos, and Chan, 2002). A wide range of pelvic floor dysfunction symptoms that ranged from stress incontinence, the need to wear daily pads, incomplete bowel emptying, faecal urgency and problems during sexual intercourse was reported by Baessler, Bircher, and Stanton, (2004), in women following pelvic trauma.
The quality of life was found to be much better following Lateral Compression injuries as opposed to Antero-Posterior compression and Vertical Shear injuries (Odutola, Baker, Chesser, Fox, Loveridge and Ward, 2010). The HRQoL of patients who sustained pelvic ring fractures and were managed surgically has been reported to be lower for both physical and mental domains, because of the possible impact on sexual dysfunction, limited pelvic movement and limited function (Borg et al., 2010). A decreased HRQoL was noted in men with sexual dysfunction and women with excretory dysfunction following a pelvic injury (Wright, Nathens, Rivara, MacKenzie and Wessels, 2006). Further reported was a decrease in HRQoL following surgery for pelvic fractures due to a high incidence of chronic pain, neurological dysfunction, incontinence and impotence (Meyhoff, Thomsen, Rasmussen and Nielsen, 2006). A significant decrease in quality of life was noted following traumatic pelvic fractures and the domains that were mostly affected were mobility, usual activities and pain (Harvey-Kelly et al., 2013). Patients who sustained pelvic fractures report a poor quality of life which is prevalent for years post injury (Rapp, 2008). However, patients with a good anatomical reduction following surgery reported a higher HRQoL (Borg, 2011). A pelvic fracture leads to a significant decrease in returning back to sporting and physical activities (Harvey-Kelly, Kanakaris, Ahmad, Obakponovwe, and Giannoudis, 2012).

According to Rosenbloom, Khan, McCartney and Katz (2013), there is a significant relationship between injury severity and persistent pain. Their findings also reveal that persistent pain is closely associated with anxiety and depression; and the patients have a cognitive avoidance of distressing thoughts. Their study also found persistent pain to be prevalent for up to seven years following a traumatic injury.

2.5 Physiotherapy Rehabilitation for patients following pelvic fractures

Physiotherapy improves functional and self-care skills and safety awareness which promotes optimum return of function in the affected individual. According to the World Confederation for Physical therapists (WCPT, 2011), physiotherapy maximises the quality of life and movement in the patients by developing, maintaining and restoring maximum movement and functional ability. Several aspects like the physical, psychological, emotional and social wellbeing of an individual’s life are addressed by physiotherapists (WCPT, 2011).
Sometimes patients with pelvic fractures are managed on bed rest for a prolonged period of time which leads to immobility and venous stasis, they therefore become prone to development of thromboembolic and pulmonary complications (Foster, 2003). The physiotherapists would then provide pneumatic-compression devices like tubigrip and stockinets on the lower limbs to prevent development of deep venous thrombosis (DVT). Chest physiotherapy is also crucial to reduce/prevent pulmonary complications.

According to Foster (2003), early initiation of rehabilitation promotes better functional outcomes for the patients with pelvic fractures. Physiotherapy aims at improving independence with transfers and wheelchair mobility in patients three days post-surgical management of pelvic fractures. Isometric exercises of the gluteal and quadriceps muscles, range of movement (ROM) exercises and strengthening of the upper limbs are also included in the treatment programme during the non-weight bearing stage. Gait training, more strenuous exercises of the trunk and limbs and treadmill or bicycle exercises commence when weight bearing is allowed on the lower limbs (Hakim et al., 1996).

2.6 Correlation of HRQoL and Physiotherapy management

Patients who did not receive Physiotherapy following lower extremity trauma did not improve in the five domains of physical impairments and functional limitations (Castillo, MacKenzie, Archer, Bosse and Webb, 2008). The five domains were knee and ankle ranges of movements, reciprocal stair climbing pattern, gait deviations when walking, self-selected walking speed greater than 1.2 m/s and mobility subscores of the Functional Independence Measure (FIM) instrument.

2.7 Conclusion

Pelvic fractures are quite severe fractures that usually occur in polytrauma. These fractures are most often due to Motor Vehicle Accidents. The population that is mostly at risk is single young males. The management of pelvic fractures is very challenging to the orthopaedic surgeons as these injuries do not often occur in isolation but always have injuries of other systems associated with them. There are always long term impairments leading to disability in patients post-pelvic fractures. The HRQoL
following pelvic fractures is poor in the majority of the patients and this includes both the mental and the physical domains. Physiotherapy rehabilitation has been found to improve the QoL of patients following the pelvic fractures.
CHAPTER 3

METHODOLOGY

3.1 Introduction

This chapter describes the study settings, the study design, the study population, the sample size, the data collection tools, and the data collection methods that were used to reach the objectives of the study.

3.2 Study Settings

This study was conducted in the three major academic hospitals in the Tshwane region in Gauteng, South Africa viz: Dr George Mukhari academic (DGMAH), Kalafong (KAH) and Steve Biko academic hospitals (SBAH). These academic hospitals are teaching hospitals and employ the majority of the specialists. According to Pines, Localio and Hollander (2009), the academic hospitals are expected to be rendering better health care services than other institutions due to the expertise they have. Each hospital caters for 1500 beds and trains specialisations including amongst others, Rehabilitation practitioners such as Physiotherapists and Occupational therapists, Orthopaedic surgeons, Radiologists, General surgeons and Urologists. DGMAH has three adult orthopaedic wards (two males and one female ward) with 44 beds in each, SBAH has two adult orthopaedic wards with 82 beds in total and KAH has two wards with a total of 78 beds.

3.3 Study design

The study design outlines the basic approach that a researcher used to answer the research question (Polit and Beck, 2012). The methodology for this study was a Mixed Methodology research comprising of both qualitative and quantitative approaches viz: phase 1 constituted the quantitative prong and phase 2 the qualitative prong to explore the HRQoL of patients with pelvic fractures. An
Explanatory Sequential design was used. This design involves having the quantitative data being collected first and analysed and then followed by the collection and analysis of qualitative data emanating from the first phase (Creswell, Plano Clark, Gutmann and Hanson, 2003).

This study design was the best choice for this study since the assessment of HRQoL of the participants was related to the outcomes of the first phase. The study was initially going to employ a quantitative approach, but since it was a retrospective design, it was difficult to reach the patients using the contact details on the medical records. There were underlying contextual factors that a quantitative approach would not explore. Moreover, the required sample size for Phase 2 could not be reached. An application for a change of the research methodology was made to SMUREC and permission was granted. The qualitative approach ensured thick description of contextual factors impacting on the overall quality of life and the HRQoL of the participants. Therefore, this study was done to understand the HRQoL of the participants as they perceived it, following the management of their pelvic injuries. The advantages of an explanatory sequential design are that it is uncomplicated and allows opportunities to explore the quantitative results in more detail. The disadvantages of this design is that data collection and analysis of the two phases is lengthy (Ivankova, Creswell and Stick, 2006).

Phase 1 followed the descriptive analytic retrospective study design. The researcher reviewed medical records of patients who sustained pelvic fractures from the year 2008 - 2013 (quantitative aspect). From these medical records, the names and phone numbers of patients were used to set up appointments with patients for phase 2 of the study. Phase 2 used the In-depth interviews design conducted on 20 participants to explore their perceived HRQoL post-pelvic fractures (qualitative aspect).

3.4 Study population

This study included all patients who were admitted in one of the three (3) academic hospitals in the Tshwane region, Gauteng, following pelvic fractures from August 2008 to December 2013. The estimated population of patients who were managed for pelvic fractures based on the Gauteng Health statistics (2012) was 525. Table 3.1 summarises the distribution of the medical records expected per study setting.
Table 3.1: Population distribution of expected Medical records (n = 525)

<table>
<thead>
<tr>
<th>Study setting</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBAH</td>
<td>304</td>
<td>58</td>
</tr>
<tr>
<td>DGMAH</td>
<td>115</td>
<td>22</td>
</tr>
<tr>
<td>KAH</td>
<td>106</td>
<td>20</td>
</tr>
</tbody>
</table>

3.5 Sampling method
In this study, different sampling methods were used to select participants in both quantitative and qualitative approaches as shown below:

**Phase 1 (Quantitative)**

A non-probability quota sampling technique was used to determine how medical files were sourced. According to the population size, 58% of the patients were managed at SBAH, 22% at DGMAH and 20% at KAH within the period of August 2008 to December 2013 (see table 3.1 above).

**Phase 2 (Qualitative)**

Non-probability purposive sampling method was used to select patients for this phase. The details of eligible participants were sourced from the patients’ medical records that met the inclusion criteria in phase 1. Participants who answered their calls and agreed to participate were included in the study.

3.6 Sample size
According to Ahn, Heo and Zhang (2014), the sample size should be large enough to have high probability to be statistically significant, so the number of subjects should not be too small to have a chance of detecting the meaningful effects and producing reliable answers to the research question. The sample size was calculated using different formulae according to the two phases, namely qualitative or quantitative phases.
**Phase 1**

The sample size was determined using the Raosoft sample size calculator, and was \( n = 223 \) with a 95% confidence level and a 5% confidence interval. An additional 13 medical records were included to preserve the number in the final sample thus promoting precision (Struwig and Stead, 2001). Ultimately, the exact total number of medical records that were reviewed was 236. All medical records that were available were perused and only those that met the inclusion criteria were included in the study. The sample was distributed as depicted in Table 3.2.

Table 3.2: Sample distribution

<table>
<thead>
<tr>
<th>Hospital</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SBAH</td>
<td>134</td>
<td>56.8</td>
</tr>
<tr>
<td>DGMAH</td>
<td>54</td>
<td>22.9</td>
</tr>
<tr>
<td>KAH</td>
<td>48</td>
<td>20.3</td>
</tr>
</tbody>
</table>

**Phase 2**

The sample size for a qualitative study is guided by data saturation and could range from about 6 to 30 participants (Curry, Nembhard and Bradley, 2009; Mason, 2010; Baker and Edward, 2012). Twenty nine participants gave a verbal consent over the telephone. The sample size for this study was ultimately 20 participants as data saturation was reached; no new or relevant information emerged.

3.7 Inclusion criteria

**Phase 1**

- All medical records of patients who had sustained pelvic fractures and were managed at DGMAH, KAH and SBAH within the period of August 2008 and December 2013 were included in this study. All medical records that were available at the time of data collection were used and the patients were within the age ranges of 18 and 70 years at the time of the injury. Medical records that contained all the relevant information were included in the study.
**Phase 2**

All patients who met phase 1 inclusion criteria with the following characteristics:

- Patients whose phone numbers were identified from the medical files and consented to participate in the study.

3.8 Exclusion criteria

The following exclusion criteria were used for each phase:

**Phase 1**

- All medical records of patients who sustained pelvic fractures and were managed in the DGMAH, KAH and SBAH but were outside the period of August 2008 and December 2013 were not included in this study.
- All medical records of patients who were younger than 18 years and older than 70 years at the time of admission to the hospital were excluded in this study. The researcher considered patients that were able to give consent and those that were expected to still have a reasonable productive QoL.
- Medical records with incomplete relevant information (pelvic fracture diagnosis and hospital medical management) were excluded from the study.

**Phase 2**

- Patients who sustained pelvic fractures and were managed in the DGMAH, KAH and SBAH within the period of August 2008 and December 2013 but were below 18 years were not included in this study.
- All patients who were still hospitalized for recent pelvic fractures, and those who were treated after December 2013, were not included in the study.
- Patients with psychiatric conditions and did not pass the Mini Mental Test (MMT).
- Patients who did not answer their phones or did not consent to being part of the study were excluded from this study.
3.9 Data collection tools

Phase 1

- A self-constructed data collection sheet was designed using literature (see Appendix 1), comprising of socio-demographic data (Section A) and in-patient management (Section B). The data collection sheet was also updated using the recommendations from the Physiotherapists, Orthopaedic and Urology specialists and information received from the pilot study.

Phase 2

- The 15-Dimension (15D) Health-Related Quality of life (15D HRQoL questionnaire) was adapted from literature for use as an interview guide for phase 2 of the study. A 15D HRQoL questionnaire is a generic, 15-dimensional, standardized self-administered HRQoL instrument that can be used as a profile and a single-index score measure. Its dimensions are: moving, seeing, hearing, breathing, sleeping, eating, speech, eliminating, usual activities, mental function, discomfort and symptoms, depression, distress, vitality, and sexual activity (Sintonen, 2001). During the adaptation of the 15D questionnaire, the dimensions that involved senses (seeing and hearing), breathing, eating and speech were excluded to ensure the questionnaire focused on pelvic fractures. Added to the 15D questionnaire were the following: the participants’ perspective of their HRQoL and aspects of the physiotherapy rehabilitation questions (see Appendix 2). Experts from the School of Health Care Sciences Postgraduate Research Committee (SREC) of Sefako Makgatho Health Sciences University guided the process of adaptation and approved the finalized 15D questionnaire that was used as an interview guide during phase 2.

- The interview guide was translated into SeTswana and IsiZulu by the language experts.

- A socio-demographic data collection sheet was also created for all participants that were interviewed (see Appendix 3).
3.10 Pilot Study

**Phase 1 Pilot study**

Data was collected from 10 medical records from DGMAH using the self-constructed data collection sheet. These medical records were of the patients that were managed at the beginning of 2014 and they were not included in the main study. The researcher and the supervisor also collected data from the first 10 files that were within the inclusion criteria simultaneously at the beginning of data collection and compared notes to check for accuracy. These were included in the main study. This provided a training opportunity for the researcher in the many aspects of the research process of this study as stated by van Teijlingen and Hundley (2001).

**Piloting of an adapted 15D HRQoL questionnaire**

An adapted 15D HRQoL questionnaire was piloted on five participants before an interview guide was drawn for phase 2 of this study. This was done on the patients that were admitted and managed at DGMAH in 2014. The participants were given the questionnaire to fill and they finished within 30 to 45 minutes. This was to ensure that the tool was specific to patients with pelvic fractures in a SA context and that participants would easily understand the questions.

**Phase 2 Exploratory interviews and Debriefing:**

Exploratory interviews were done on four (4) participants. Peer debriefing was also done before and after in-depth interviews of each day to ensure that all objectives were answered. The researcher conducted the in-depth interviews in the presence of the supervisor who was competent in in-depth interviews. The debriefing was done to assess the need to add, omit or modify some questions. The input from the debriefing sessions informed the researcher on how to phrase the questions in such a way that the participants give the relevant information as required. It also assisted in deciding which questions to ask first and how to best probe the participants without making them feel uncomfortable.
3.11 Data Collection Procedure

**Phase 1**

- The registration books for the patients, who had sustained pelvic fractures and were managed within the period of 2008 and 2013, were requested by the researcher from the Orthopaedic wards of DGMAH, KAH and SBAH.
- The names of these patients and their hospital registration numbers were recorded from the registration books of the three different hospitals by the researcher and supervisor considering the inclusion and exclusion criteria.
- In total 369 names of patients and their registration numbers were recorded and only 236 medical records data was ultimately used.
- The three different hospitals were visited and the hospital registration numbers were converted to file numbers by the researcher using the Medicom system from the records office.
- The medical records were retrieved from the hospital records offices by the researcher with assistance from the medical records staff.
- All eligible medical records of patients who had sustained pelvic fractures were perused by the researcher, supervisor and/or research assistant and the relevant information was recorded on the data collection sheets.
- The names of the patients were not written in the data collection sheets but the sheets were coded.
- Patients’ names, contact numbers and addresses were drawn to prepare for recruitment of participants by the researcher. The patients’ names were not written in the data collection forms but the forms were coded and patients’ names were kept separately.

**Phase 2**

- The telephone list for the eligible patients was created from the data collection sheets from Phase 1.
- Patients were recruited telephonically using a voice recording device that was linked to the telephone handset, and the objectives of the study were explained.
• Participants who gave a verbal consent were requested to avail themselves for an in-depth interview at a place of their choice such as at home, university or work, at a time that was suitable for both the researcher and the participant.

• In total, 29 participants were successfully recruited but only 20 participants were interviewed as the data saturation was reached; no new or relevant data emerged anymore.

• The researcher was trained by the supervisor to conduct the interviews beforehand. The researcher practised conducting the interviews on three patients that were not part of the study in his presence.

• At the meeting for the in-depth interview, the researcher explained the aims and objectives of the study, how the data would be collected and the use of a voice recorder. Subsequent to that, an information sheet was given to the participant. A participant was given an opportunity to ask any relevant questions or seek clarification before he/she was requested to sign an informed consent prior to participation.

• A socio-demographic data collection form was filled in by the participants with guidance from the researcher. Validity was ensured by giving the same amount of guidance to all the participants.

• Thereafter, an in-depth interview was conducted using the interview guide in the presence of the research supervisor who has the needed skills. The interviews which took 45 - 60 minutes were conducted in a language of the participant’s preference. The choices that participants had were English, Setswana and IsiZulu.

• The interviews were recorded using a voice recorder.

• Peer debriefing was done before and after in-depth interviews of each day to ensure that all objectives were answered.

• Thereafter, the recordings were transcribed verbatim and also translated from the participants’ languages to English by language experts.

• The transcription was done by two different people to ascertain credibility.
3.12 Data analysis

**Phase 1**

- Information from the data collection sheets was coded and entered into Microsoft excel spread sheet and imported to the Statistical Package for Social Sciences (SPSS) version 23 for data analysis.
- The data in the SPSS was cleaned to make sure that there were no omissions or mistakes. Descriptive analysis was done and frequency distributions were calculated.
- Cross tabulations were also done and Chi squared tests were used to determine associations between sociodemographic profile, the cause of injury and the type of pelvic injury sustained. The level of significance was set at $p \leq 0.05$.
- Both supervisors assisted with the analysis of the data as they have both done advanced courses in data analysis. Thereafter, results were presented using tables.

**Phase 2**

Transcripts of recorded interviews were imported to NViVo version 10 for analysis. The textual primary documents were analysed by creating quotations from the transcripts, families/ tree nodes and free nodes from the literature and networks. Corroboration and member checking was done to ensure validation of data and findings. Both the supervisor and the co-supervisor were consulted for assistance with data analysis. Themes emerged from the codes during the second level and third level of coding. After re-reading the themes, further sub-themes and categories emerged. The sub-categories were derived from engaging the data; since aspects of urinary and bowel function and mobility were a major problem that were critical to the HRQoL of the participants. The International Classification of Function and Disability (ICF) model was used to guide the analyses of the findings of this qualitative phase (see Table 4.15). ICF brings about a clear and a better understanding of the burden of pelvic fractures and its impact in the lives of the participants according to their perceptions (Holtslag, Buskens, Rommers, Prevo and van der Werken, 2006).
3.13 Reliability, Validity and Bias/Trustworthiness Strategies

3.13.1 Phase 1: Reliability and Validity

The data collection sheet was updated from the information received from the pilot study. Constant review and discussions between the researcher, the research assistant and the supervisor continued as the data was collected. This was to determine the stability of the tool over time.

The face validity and the content validity of the tool were assessed by the Physiotherapists who were experts in orthopaedics, an Orthopaedic surgeon and an Urologist. Suggestions and modifications were implemented to update the data collection sheet.

3.13.2 Phase 2: Trustworthiness strategies

The following strategies to ensure trustworthiness were used as adapted from Anney (2014) for the qualitative phase of this study:

- **Authenticity and Credibility**: The in-depth interviews were conducted in the participant’s place of choice e.g. home, where she/he would be most likely comfortable. Prolonged engagement with the participant of not less than one hour at the research site was used by the researcher to ensure that all aspects of the topic were explored. This was to help with improving trust as the rapport increases between the researcher and the participant. This was also to provide greater understanding of the participant’s context and core issues that might affect the quality of the data and the participant might volunteer different or even more sensitive information. Peer debriefing was done before and after data collection.

- **Dependability and Transferability**: Purposeful sampling was used to facilitate transferability of the information as it provides greater in-depth findings. Only patients who had sustained pelvic fractures were interviewed as they had an insight into their condition. An audit trail of the research process that includes the data collection, data analysis, field notes, audio recording and transcripts were done by the researcher.

- **Confirmability**: The researcher kept a reflective journal which included all events that happened in the field and personal reflections in relation to the study. The researcher also
practiced the interviewing technique with the supervisor. The audit trail also aided confirmability of the findings.

3.14 Ethical Considerations

The protocol was submitted to SMUREC for approval (clearance certificate number MREC/H/37/2014: PG).

Permission was requested from the chief executive officers (CEOs) of the Dr George Mukhari, Kalafong and Steve Biko academic Hospitals to use the medical records of the patients who had sustained pelvic fractures.

Information from the medical records was kept confidential. This was achieved by making sure that the data collection sheets were coded and no names of patients appeared on them.

Telephonic consent was recorded during recruitment for phase 2 data collection. A participant signed a consent form prior to the in-depth interview.

An in-depth interview was conducted in a participant’s language preference.

Participation was voluntary and a participant was allowed to withdraw from the study at any time without being prejudiced.

Voice recordings (English, Setswana and IsiZulu) and transcripts were used only for research purposes and only the synthesised data/ findings were presented.

Anonymity and confidentiality of the participants and the data was maintained at all times as the participants were all interviewed individually and the recordings were not shared with others. The participants’ information was not shared with anyone except the supervisor, the co-supervisor and the transcribers but there were no names of participants appearing anywhere else in the documents.
CHAPTER 4

RESULTS

4.1 INTRODUCTION

This chapter presents the results of this study under Phase 1 and Phase 2 as two separate parts.

The results of Phase 1 are presented under the following headings: Distribution of participants with pelvic fractures, Socio-demographics of participants with pelvic fractures; Characteristics of participants; Pelvic fracture diagnosis, and cause of injury; Associated Injuries and co-morbidities; In-patient management of participants; Medical and Surgical Management; Rehabilitation; Physiotherapy Intervention; and Discharge Summary.

The findings of Phase 2 are presented using the themes, sub-themes and categories of sub-themes and sub-categories that emerged during the analysis of data namely, Physiotherapy rehabilitation: In-patient physiotherapy, Out-patient, Physiotherapy home program and Impact of physiotherapy; Productivity: Work, Home and Society; Social integration: Spouse – sexual aspect, Family, Friends & society, Recreation – sports; Function and Disability: Physiological & physical impairments and activity limitations; Functional ability and HRQoL. This is explicitly explained under the Phase 2 Qualitative data findings.

4.2 PHASE 1 RESULTS (QUANTITATIVE)

Medical records of 236 patients who had sustained pelvic fractures within the period of August 2008 and October 2013 were reviewed. These patients were admitted in the three (3) Tshwane Academic hospitals in South Africa, viz: Steve Biko Academic (SBAH), Dr George Mukhari Academic (DGMAH) and Kalafong hospital (KAH). The medical records were distributed as follows: the majority from SBAH (56.8%), followed by DGMAH (22.9%) and KAH (20.3%).
The results of this phase 1 are presented under socio-demographic profile, characteristics of pelvic fractures, in-patient management including Physiotherapy rehabilitation, discharge summaries and medical imaging (X-rays).

4.2.1 Socio-Demographic Profile of the Patients

4.2.1.1 Race, Gender and Marital Status of the patients

Table 4.1: Race, Gender and Marital Status (n=236)

<table>
<thead>
<tr>
<th>Category</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Race</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>198</td>
<td>83.9%</td>
</tr>
<tr>
<td>White</td>
<td>32</td>
<td>13.6%</td>
</tr>
<tr>
<td>Coloured</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Not classified</td>
<td>5</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>129</td>
<td>54.7%</td>
</tr>
<tr>
<td>Female</td>
<td>106</td>
<td>44.9%</td>
</tr>
<tr>
<td>Not classified</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not married</td>
<td>155</td>
<td>65.7%</td>
</tr>
<tr>
<td>Married</td>
<td>40</td>
<td>16.9%</td>
</tr>
<tr>
<td>Not classified</td>
<td>41</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

Table 4.1 above shows that the majority of the patients were blacks (83.9%), followed by 13.6% whites. The table also shows that 54.7% of the patients were males and 44.9% were females. Furthermore, two thirds of patients (65.7%) were not married and only 16.9% were married.
4.2.1.2 Age ranges

Table 3.2: Age ranges (n=236)

<table>
<thead>
<tr>
<th>Age (years)</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 – 29</td>
<td>118</td>
<td>50.0</td>
</tr>
<tr>
<td>30 – 39</td>
<td>56</td>
<td>23.7</td>
</tr>
<tr>
<td>40 – 49</td>
<td>34</td>
<td>14.1</td>
</tr>
<tr>
<td>50 – 59</td>
<td>22</td>
<td>9.32</td>
</tr>
<tr>
<td>60 – 70</td>
<td>6</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Table 4.2 above shows that the average age of the patients was 32.67 ± 11.71 years. The youngest patient was 18 years and the oldest was 70 years old. Half of the patients were within the age range of 18 - 29 years (50%) followed by the age range of 30 – 39 years at 23.7%.

4.2.2 Characteristics of Pelvic Fractures

The characteristics of pelvic fractures are reported under: Causes of pelvic fracture, Pelvic Fracture diagnosis and classification, associated injuries, co-morbidities of the affected patients and their hospital medical management.
### 4.2.2.1 Causes of Pelvic fractures

#### Table 4.3: Causes of Pelvic Injuries (n=236)

<table>
<thead>
<tr>
<th>Cause of Injury</th>
<th>Mechanisms</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MVA</strong></td>
<td>Driver</td>
<td>14</td>
<td>7.0</td>
</tr>
<tr>
<td></td>
<td>Passenger</td>
<td>75</td>
<td>37.3</td>
</tr>
<tr>
<td></td>
<td>Pedestrian</td>
<td>71</td>
<td>35.3</td>
</tr>
<tr>
<td></td>
<td>Cyclist</td>
<td>1</td>
<td>0.5</td>
</tr>
<tr>
<td></td>
<td>MBA</td>
<td>14</td>
<td>7.0</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td>26</td>
<td>12.9</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td>201</td>
<td>85.2</td>
</tr>
<tr>
<td><strong>Fall</strong></td>
<td>Fall from height</td>
<td>14</td>
<td>50.0</td>
</tr>
<tr>
<td></td>
<td>Something fell on him</td>
<td>8</td>
<td>28.6</td>
</tr>
<tr>
<td></td>
<td>Unspecified</td>
<td>6</td>
<td>21.4</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td>28</td>
<td>11.9</td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td>Assault</td>
<td>4</td>
<td>57.1</td>
</tr>
<tr>
<td></td>
<td>Gunshot</td>
<td>3</td>
<td>42.9</td>
</tr>
<tr>
<td><strong>Sub-total</strong></td>
<td></td>
<td>7</td>
<td>3.0</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td>236</td>
<td>100</td>
</tr>
</tbody>
</table>

Table 4.3 above shows that the majority (85%) of the pelvic injuries were due to MVA, of which 37.3% and 35.3% of patients were passengers and pedestrians respectively. Falls (11.9%) were also one of the causes of pelvic fractures with falls from a height (50%) being the most prevalent.
4.2.2.2 Pelvic Fracture diagnosis and pelvic fracture classification

Table 4.4: Pelvic Fracture diagnosis and classification

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Fracture of Pelvis</td>
<td>46</td>
<td>19.5</td>
</tr>
<tr>
<td>Multiple Fractures of Pelvis</td>
<td>70</td>
<td>29.7</td>
</tr>
<tr>
<td>Pelvis and others</td>
<td>120</td>
<td>50.8</td>
</tr>
</tbody>
</table>

Pelvic fracture Classification

<table>
<thead>
<tr>
<th>Classification</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tile C</td>
<td>3</td>
<td>1.3</td>
</tr>
<tr>
<td>Unclassified</td>
<td>233</td>
<td>98.7</td>
</tr>
</tbody>
</table>

Table 4.4 above illustrates that the majority of the patients (50.8%) sustained multiple fractures in different anatomical regions. Fractures of the pelvis only, occurred as multiple and as single fractures in 29.7% and 19.5% of the patients respectively. Overall, the majority of the patients (80.5%) sustained poly-trauma. Furthermore, in only 1.3% of the medical records, the classification of the pelvic fractures were indicated.

**Correlations**

- Age ranges and causes of injury

The Pearson Chi-square test revealed a statistically significant relation of p = 0.001 between the age ranges and the cause of injury (K=93.53 with 54 degrees of freedom). Therefore, there is a weak positive association between the age range and the cause of injury.

- Causes of injury and pelvic fracture diagnosis

The Pearson Chi-square test revealed a statistically significant relation of p = 0.007 between the cause of injury and pelvic fracture diagnosis (K=36.054 with 18 degrees of freedom). Therefore, there is a weak positive association between causes of injury and pelvic fracture diagnosis.
4.2.2.3 Associated Injuries

Table 4.5: Associated Injuries sustained in conjunction with the pelvic fracture (n=167)

<table>
<thead>
<tr>
<th>Associated Injuries</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urology</td>
<td>33</td>
<td>19.8</td>
</tr>
<tr>
<td>Neurology</td>
<td>26</td>
<td>15.6</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>134</td>
<td>80.2</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>1</td>
<td>0.6</td>
</tr>
<tr>
<td>Cardiothoracic</td>
<td>29</td>
<td>17.4</td>
</tr>
<tr>
<td>Visceral</td>
<td>14</td>
<td>8.4</td>
</tr>
<tr>
<td>Gynaecological</td>
<td>11</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Out of the 236 patients who were diagnosed with pelvic injuries, 167 had sustained injuries of the other systems as well. The majority of the patients (80.2 %) sustained musculoskeletal injuries, followed by urological (19.8 %) injuries.

4.2.2.4 Co-morbidities

Table 4.6: Co-morbidities (n=50)

<table>
<thead>
<tr>
<th>Co-morbidities</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Hypertension</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Cardiac</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>RVD</td>
<td>13</td>
<td>26</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>17</td>
<td>34</td>
</tr>
</tbody>
</table>

The table above reveals that out of 236 patients, only 50 had other pre-existing medical conditions. The common prevailing conditions were hypertension and RVD at 28% and 26% respectively. These medical conditions were only according to the medical records and not confirmed with the patients.
4.2.3 In-Patient Management of Patients

This section covers the treatment/intervention or the management patients with pelvic fractures received in the hospital as in-patients. It reports on the in-patient management of the patients with pelvic fractures by the Orthopaedic surgeons, Urologists and Physiotherapists. The discharge summaries by the Orthopaedic surgeons and Physiotherapists are also presented. The length of hospital stay for patients in this study ranged from 1 day to 276 days according to the reviewed medical records.

4.2.3.1 Medical and surgical management

Table 4.7: In-patient management

<table>
<thead>
<tr>
<th>Management</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conservative Orthopaedic management (n=236)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bed rest</td>
<td>231</td>
<td>97.9</td>
</tr>
<tr>
<td>Skin traction</td>
<td>61</td>
<td>25.8</td>
</tr>
<tr>
<td>Skeletal traction</td>
<td>40</td>
<td>17.0</td>
</tr>
<tr>
<td>Pelvic binder</td>
<td>3</td>
<td>1.2</td>
</tr>
<tr>
<td>Surgical Orthopaedics management (n= 79)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internal fixation</td>
<td>54</td>
<td>68.4</td>
</tr>
<tr>
<td>External fixation</td>
<td>9</td>
<td>11.4</td>
</tr>
<tr>
<td>2 or more surgery codes</td>
<td>16</td>
<td>20.3</td>
</tr>
<tr>
<td>Surgical Urology (n=16)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bladder repair</td>
<td>10</td>
<td>62.5</td>
</tr>
<tr>
<td>Bladder repair &amp; Other</td>
<td>1</td>
<td>6.3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
<td>31.3</td>
</tr>
</tbody>
</table>

Management techniques overlapped in some patients as one patient could be managed by one or more techniques.

The majority of the patients (97.9%) were managed on bed rest following a pelvic fracture. Skin traction was applied on 25.8% of the patients and skeletal traction on 17.0%. Out of the 236 patients,
79 (33.5%) had their pelvic fracture managed surgically of which 54 (68.4%) was internally fixated and nine (11.4%) were externally fixated. Only 16 (6.8%) patients (out of the 236 participants) had undergone a urological repair of which 10 (62.5%) participants had a bladder repair.

4.2.3.2 Other members of the medical team

Table 4.8: Other medical team members

<table>
<thead>
<tr>
<th>Category</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urologist</td>
<td>38</td>
<td>16.1</td>
</tr>
<tr>
<td>Cardiothoracic</td>
<td>9</td>
<td>3.8</td>
</tr>
<tr>
<td>General surgeon</td>
<td>18</td>
<td>7.6</td>
</tr>
<tr>
<td>Gynaecologist</td>
<td>10</td>
<td>4.2</td>
</tr>
</tbody>
</table>

There were also other medical specialists that played a role in the management of patients with pelvic fractures as indicated in Table 4.8 above, with the Urologist appearing in 16.1% of the medical records.

4.2.3.3 Rehabilitation

Rehabilitation is one of the most important entities in the multidisciplinary team involved in the treatment of patients. This section will therefore highlight the involvement of some of the team members in the treatment of pelvic fractures.

Table 4.9: Rehabilitation team

<table>
<thead>
<tr>
<th>Category</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapy</td>
<td>128</td>
<td>54.2</td>
</tr>
<tr>
<td>Occupational therapy</td>
<td>13</td>
<td>5.5</td>
</tr>
<tr>
<td>Orthotist and Prosthetist</td>
<td>4</td>
<td>1.7</td>
</tr>
<tr>
<td>Social worker</td>
<td>6</td>
<td>2.5</td>
</tr>
<tr>
<td>Psychologist</td>
<td>8</td>
<td>3.4</td>
</tr>
<tr>
<td>Dietician</td>
<td>5</td>
<td>2.1</td>
</tr>
</tbody>
</table>
The table above shows that the majority (54.2%) of the patients were treated by a physiotherapist during their hospital stay.

4.2.4 In-patient Physiotherapy Management

Physiotherapy rehabilitation is presented on the following: duration, frequency and the type of physiotherapy rehabilitation program.

4.2.4.1 Duration and frequency of Physiotherapy

This section gives a report of how long and how often the patients received Physiotherapy rehabilitation throughout their stay in the hospital.

Table 4.10: Duration of In-patient Physiotherapy (n=128)

<table>
<thead>
<tr>
<th>Category</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of In-patient Physiotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 – 5 days</td>
<td>80</td>
<td>62.5</td>
</tr>
<tr>
<td>6 – 10 days</td>
<td>34</td>
<td>26.6</td>
</tr>
<tr>
<td>Above &gt; 10 days</td>
<td>14</td>
<td>10.9</td>
</tr>
<tr>
<td>Frequency</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Once only</td>
<td>127</td>
<td>99.2</td>
</tr>
<tr>
<td>2 X daily &amp; 3 X daily</td>
<td>1</td>
<td>0.8</td>
</tr>
</tbody>
</table>

The majority (62.5%) of the patients received Physiotherapy for a duration of one to five days while in the hospital. Furthermore, almost all (99.2%) patients were treated only once per day by the Physiotherapists.
4.2.4.2 Type of Physiotherapy rehabilitation rendered

Table 4.11: Type of Physiotherapy rehabilitation recorded (n=128)

<table>
<thead>
<tr>
<th>Type of Physiotherapy</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest physiotherapy</td>
<td>48</td>
<td>37.5</td>
</tr>
<tr>
<td>Mobilisation</td>
<td>94</td>
<td>73.4</td>
</tr>
<tr>
<td>Strengthening</td>
<td>98</td>
<td>76.6</td>
</tr>
<tr>
<td>Function</td>
<td>103</td>
<td>80.5</td>
</tr>
<tr>
<td>Modalities</td>
<td>4</td>
<td>3.1</td>
</tr>
<tr>
<td>Ward program</td>
<td>3</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Training of function was the most common (80.5 %) physiotherapy rehabilitation rendered to the participants. Function trained included bridging, getting in and out of bed and walking. This was followed by strengthening and mobilization exercises for 76.6% and 73.4% of the participants respectively. The ward program was recorded in only 2.3% of the medical files.

4.2.5 Discharge Summaries

This section presents the results of the discharge summaries that were recorded by the Orthopaedic doctors and the Physiotherapists in the patients’ medical files. The summaries indicate the style and the consistency in report writing that is used by these two professionals in the Tshwane academic hospitals.

4.2.5.1 Orthopaedic Surgeon’s Discharge summary

Discharge notes appeared only in 186 (78.8 %) medical files out of the 236 that were analysed. The discharge summary from the orthopaedic doctors had the following constituents: diagnosis of patient, condition of patient at discharge, management (which included: multidisciplinary team, medication, referral to other health care professional and advice to patient), indication of transfer to another hospital or health institution, assistive devices used or to be issued to the patient and follow up or review date.
Table 4.12: Orthopaedic discharge summary (n=186)

<table>
<thead>
<tr>
<th>Item</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>33</td>
<td>17.7</td>
</tr>
<tr>
<td>State or condition of the patient</td>
<td>101</td>
<td>54.3</td>
</tr>
<tr>
<td>Multidisciplinary team</td>
<td>41</td>
<td>22.0</td>
</tr>
<tr>
<td>TTO medication</td>
<td>26</td>
<td>14.0</td>
</tr>
<tr>
<td>Referred</td>
<td>29</td>
<td>15.6</td>
</tr>
<tr>
<td>Advice/recommendation</td>
<td>50</td>
<td>26.9</td>
</tr>
<tr>
<td>Transfer</td>
<td>21</td>
<td>11.3</td>
</tr>
<tr>
<td>Assistive device</td>
<td>18</td>
<td>9.7</td>
</tr>
<tr>
<td>Review date</td>
<td>136</td>
<td>73.1</td>
</tr>
</tbody>
</table>

The diagnosis of a patient was noted in 17.7% of the medical files and the state or condition of the patient at discharge was indicated in 54.3% of the medical files. The multi-disciplinary team that managed the patient during his/her stay in hospital was noted in 22.0% medical files and the medication to take home (TTO) was given to the patient at discharge in 14%. Referral of patients to other specialists within the hospital was recorded in 15.6% medical files. Medical files also indicated that 26.9% of patients were given recommendations or advice on what to do or not to do at home after discharge. Patients that were transferred to another hospital or health institution equalled 11.3%. Patients that were given an assistive device to use at home equalled 9.7%. A follow up or review date was given to 73.1% of the patients.

4.2.5.2 Physiotherapy Discharge summary

The Physiotherapy discharge summary is very important as it helps with continuity and carry-over of treatment by the treating physiotherapists. This also promotes effectiveness in the rehabilitation of the patients and therefore will lead to less disability, impairments and functional limitations.
Table 4.13: Documented Physiotherapy discharge summary (n=20)

<table>
<thead>
<tr>
<th>Item</th>
<th>(n)</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Findings</td>
<td>17</td>
<td>85</td>
</tr>
<tr>
<td>Treatment</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>Advice</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Home program</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Follow-up date</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Referral</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

The Physiotherapy discharge summary was recorded in only 20 (15.6%) medical records out of the 128 patients that had received Physiotherapy. The objective findings of physiotherapy that indicated the state of the patient at the day of discharge were recorded in 85% of the medical files. The treatment program or intervention that was given to the patient on the day of the discharge appeared in only 60% of the medical records. Only 15% of the patients were given a home program and/or advice. Ten percent (10%) of the patients were given a return-date as an out-patient and 5% were referred to other institutions for physiotherapy.

4.2.6 Medical Imaging (X-rays)

An Orthopaedic specialist working in one of the academic hospitals was approached by the researcher to assist with the interpretation of the X-rays and classification of the pelvic fracture(s). This was due to the fact that only three medical records had indicated a classification of the pelvic fracture(s). A total of 12 medical images were found and interpreted by the organised orthopaedic specialist during the time of data collection. Five of these medical images were allocated two different Tile classifications which indicated the challenges associated with type of classification of pelvic fractures. Four images were classified as B1/B2 and one image was classified as C1/C2.
4.3 PHASE 2 FINDINGS (QUALITATIVE)

This section presents the findings of the qualitative approach of the study. This includes the demographics of each participant in phase 2 and themes that were created from the transcripts of the 20 participants that were interviewed and connecting themes to the literature. The participants were recruited from phase 1 of the study and they met the inclusion criteria.

4.3.1 Profile of participants with pelvic fractures

This section presents the profile of the patients who participated in the qualitative study phase. It also gives the presentation of the characteristics of the pelvic injury including cause of injury, type of pelvic fracture, medical management, physiotherapy rehabilitation, length of hospital stay, time frame post pelvic fracture and perceived QoL.
Table 4.14: Summarized Profile of participants with pelvic fractures (n=20)

<table>
<thead>
<tr>
<th>Category</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td>Female</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td><strong>Age group</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Below 40 years</td>
<td>11</td>
<td>55</td>
</tr>
<tr>
<td>40 years and above</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td><strong>Marital status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not married</td>
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<td>60</td>
</tr>
<tr>
<td>Married</td>
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<td>40</td>
</tr>
<tr>
<td><strong>Cause of injury</strong></td>
<td></td>
<td></td>
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<tr>
<td>Passenger MVA</td>
<td>7</td>
<td>35</td>
</tr>
<tr>
<td>Pedestrian MVA</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Driver MVA</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>Motor bike accident/ MVA</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Train accident</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Shaft fell on her</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td><strong>Type of pelvic fracture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 single fracture</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Multiple fractures of pelvis</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Pelvic fracture &amp; fractures of</td>
<td></td>
<td></td>
</tr>
<tr>
<td>other bones</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td><strong>Associated injuries</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>None</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Musculo-skeletal</td>
<td>13</td>
<td>65</td>
</tr>
<tr>
<td>Urology</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>Cardiothoracic</td>
<td>5</td>
<td>25</td>
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<tr>
<td><strong>Orthopaedic management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conservative</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>Surgical</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td><strong>Physiotherapy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>No</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td><strong>Years post fracture</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than 3 years</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>3 years and above</td>
<td>10</td>
<td>50</td>
</tr>
</tbody>
</table>

* For full participant information (see Appendix 4)
Table 4.14 above shows that two thirds (65%) of the 20 participants were males. Furthermore, more than half (55%) of the participants affected were younger than 40 years of age. Most of the participants (60%) were not married and 40% were married.

The majority of participants (90%) were involved in MVA, 35% as passengers, 25% as pedestrians as well as drivers. The majority (70%) of the participants had sustained both a pelvic fracture and a fracture of other bones. Just over a quarter (30%) of the participants had sustained fracture(s) of the pelvis only. None of the participants had a classification of their pelvic fracture indicated in their medical records. Also, a fifth (20%) of the participants had sustained cardiothoracic injuries and 15% sustained injuries that involved the urinary system.

Furthermore, 50% of the participants were managed conservatively and 50% surgically. Seventy five percent (75%) of the participants received physiotherapy during their hospital stay. The participants, during the time of the interviews, had a minimum period of two (2) years, and a maximum of seven (7) years and four (4) months following their pelvic injury.

4.3.3 Word similarities among the participants

![Sources clustered by word similarity](image)

Figure 4.1: Sources Clustered by Word Similarity
The chart above illustrates the degree of correlation of the information given by the 20 participants that were involved in the in-depth interviews. There is a strong correlation amongst participants with the Pearson correlation values ranging from 0.5497 to 0.8864 (see Appendix 5). In 44 pairs the correlation ranged between 0.801 and 0.886 which indicates a very strong correlation, in 85 pairs it ranged between 0.700 and 0.798, in 49 pairs it ranged between 0.608 and 0.695, in 12 pairs it ranged between 0.549 and 0.597. This demonstrates that there was consistency in the questions that participants were asked and the responses were almost similar. This also indicates that the sample was homogeneous so the results can be generalizable for this population.
4.3.2 Themes, Sub-Themes, and Categories of Sub-Themes and Sub-Categories of Sub-Themes

Themes in this study emerged from the codes during the second and third level of coding (Saldana, 2013). After re-reading the themes, further sub-themes and categories emerged. The sub-categories of sub-themes were derived from engaging the data and revealed the important aspects of elimination, such as urinary and bowel function, and mobility were major problems experienced by the participants. Four (4) themes, 13 sub-themes, 36 categories of sub-themes and 10 sub-categories of sub-themes emerged during data analysis as in the table below.

Table 4.15: Themes, Sub-themes, Categories and Sub-categories

<table>
<thead>
<tr>
<th>Themes</th>
<th>Sub-themes</th>
<th>Categories of sub-themes</th>
<th>Sub-categories of sub-themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physiotherapy rehabilitation</strong></td>
<td>In-patient physiotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out-patient physiotherapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home program</td>
<td>Confidence and understanding</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inability to do exercises</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Doubting Physio benefit</td>
<td></td>
</tr>
<tr>
<td>Impact of physiotherapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Productivity</strong></td>
<td>Work</td>
<td>Inability to run</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inability to stand for long periods</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tiring easily</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Difficulty sitting for long</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home</td>
<td>Inability to lift heavy stuff</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pain</td>
<td></td>
</tr>
<tr>
<td>Function and Disability</td>
<td>Social integration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td>--------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physiological &amp; physical impairments and activity limitations</td>
<td>Community and society</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inability/difficulty lifting heavy stuff</td>
<td>Dr. standing for long</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Difficulty bending</td>
<td>Difficulty bending</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tiring easily</td>
<td>Inability climbing stairs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Social integration**

- Spouse-sexual life
  - Being scared/worried
  - Poor/difficulty/lack of erection
  - Lack of interest or zeal
  - Tiring very quickly
  - Pain
  - Poor self-esteem
  - Decreased ROM hips
  - Changes in family dynamics

**Family**

**Friends and society**

**Sports/recreation**

**Physiological & physical impairments and activity limitations**

- Voiding urine
  - Inability to hold for long
<table>
<thead>
<tr>
<th>Frequency higher than usual</th>
<th>Frequency higher than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discomfort with voiding</td>
<td>Discomfort with voiding</td>
</tr>
<tr>
<td>Pain</td>
<td>Pain</td>
</tr>
<tr>
<td>Bowel function</td>
<td>Bowel function</td>
</tr>
<tr>
<td>Constipation</td>
<td>Constipation</td>
</tr>
<tr>
<td>Inability to void completely</td>
<td>Inability to void completely</td>
</tr>
<tr>
<td>Sleeping</td>
<td>Sleeping</td>
</tr>
<tr>
<td>Sitting</td>
<td>Sitting</td>
</tr>
<tr>
<td>Standing</td>
<td>Standing</td>
</tr>
<tr>
<td>Bending</td>
<td>Bending</td>
</tr>
<tr>
<td>Walking</td>
<td>Walking</td>
</tr>
<tr>
<td>Pain</td>
<td>Pain</td>
</tr>
<tr>
<td>Altered gait</td>
<td>Altered gait</td>
</tr>
<tr>
<td>Difficulty with long distance</td>
<td>Difficulty with long distance</td>
</tr>
<tr>
<td>Tiredness and cramps</td>
<td>Tiredness and cramps</td>
</tr>
<tr>
<td>Climbing stairs</td>
<td>Climbing stairs</td>
</tr>
<tr>
<td>Running and Sports</td>
<td>Running and Sports</td>
</tr>
<tr>
<td>Lifting heavy stuff and working hard</td>
<td>Lifting heavy stuff and working hard</td>
</tr>
<tr>
<td>Performing household chores</td>
<td>Performing household chores</td>
</tr>
<tr>
<td>Functional ability and HRQoL</td>
<td>Functional ability and HRQoL</td>
</tr>
</tbody>
</table>
4.3.2.1 Theme1: Physiotherapy rehabilitation

The theme Physiotherapy rehabilitation was described by participants under four (4) sub-themes that highlighted the role and setting of the physiotherapy received. The sub-themes were: in-patient, out-patient, home program and the impact of physiotherapy. The sub-theme home program had three (3) emergent categories: confidence and understanding, inability to do exercises and doubting physiotherapy benefits. The findings below indicate that exercises to address both the impairments and activity limitations were included in the physiotherapy rehabilitation of the participants.

In-patient physiotherapy

It is very crucial for patients who have sustained pelvic fractures to receive physiotherapy whilst they are hospitalised. From the results, three quarters of the participants reported that they received physiotherapy during their hospital stay. Those who received in-patient physiotherapy understood what exercises were done, and some could even explain why such exercises were done as indicated by the following excerpts from the interviews:

P15 male: “They made me do exercises while I was bedridden, mostly it was the legs. They would stretch and bend them, it would be a couple of days in the week. It was not the same physiotherapist but they would ask me what we did, how far we got and they promised they would take me to their centre but they never did. They only exercised me there, maybe because I could not walk, so they started by bending my legs first before they could take me to their machines”.

P11 male: “When they first came, they were testing how long I can hold my breath and things like that and then after they operated on the pelvis, that is when they started the physio for the knee so I could bend, then they started training me to start walking with crutches”.

However, a quarter of participants did not receive physiotherapy whilst they were in hospital, even after the surgical management was done:

P1 male: “They didn’t send me to the physio, the only physio I got was for the lawyer to just...or the claim of the RAF...those assessments, at the private physio’s”.

**P10 male:** “No, nobody came to give me exercises”.

Some participants who were managed conservatively responded that they did not get physiotherapy/exercises immediately when they were still in bed. They either received physiotherapy after the operation or just before discharge for crutch walking training:

**P14 female:** “I had already been there a month before the physio came. When the physio came, the pains had subsided a lot”.

**P17 female:** “Yes they came, just before I was discharged to show me how to walk on crutches”.

**P12 male:** “No, physio came after the operation of the bones”.

**Out-patient physiotherapy**

The majority of participants were not referred for physiotherapy after discharge from the hospital, as a result, some reported that they continued training themselves as indicated by the following quotes:

**P11 male:** “They did not tell me to come back at a later stage for physio, so I trained for myself so I could walk and so on”.

**P15 male:** “No they never told me to come to the physio, they never gave me an appointment”.

**Physiotherapy home program/advice**

A home program is one of the integral parts of physiotherapy as it allows the patients to take ownership and responsibility of their own health. From the result, just over half of the participants reported that they were given a home program or advice at discharge from the hospital. Even though most were given a home program, it was not a guarantee that they could execute all the exercises in the given home program, hence this group of participants was subdivided into four (4) categories:
Those participants who showed confidence in understanding the home program given to them:

P19 male: “Yes they had given me, they showed me how to exercise the leg”.

P8 male: “Yes they told me...like not to move too much, not to take long distances, no heavy duties until I am well again”.

Those participants who indicated that they could not do the exercises shown to them on their own:

P15 male: “They told me to move my legs.....they could not”.

Those participants who were not sure that the treatment was specific to them:

P11 male: “Yes they gave me exercises, but it was for the knee and being able to sit up straight.”

P4 female: “They only told me to not always be sleeping, that I must walk around... train the leg.”

Those participants who did not believe what they had been given was enough to help improve their condition/make them better:

P9: male: “The physio only showed me how to use the crutches...but he never told me anything else. All I was shown was how to use the crutches. Also showed me that I must lift up my leg often”.

P5 male: “No they only told me to not strain myself at home, that I should take walks but not to lift heavy things and so on, so that I do not hurt myself and regress. They said I should take walks and to work out this leg sometimes trying to loosen it, which I do indeed. Sometimes I take really long walks, I walk to and from the old clinic”.

Of the participants that did not receive a home program, one of the responses was:

P4 female: “No, they didn’t give me”.
From these results, it can be emphasized that some patients did not view advice given as part of treatment, which makes them to have less confidence in physiotherapy intervention, especially those who were told of things they should or should not do, without any explanation.

**Impact of physiotherapy**

This sub-theme indicates if the physiotherapy intervention made a change/difference or not, in the participants’ well-being/quality of life according to their perception.

Some of the participants that received physiotherapy did not see the impact of the physiotherapy program, this emanated from the fact that no follow-up was made by physiotherapists and lack of seriousness by some physiotherapists when treating the patients, as reported by the following patients:

*P20 female:* “Well, that is why I say those days I went there, there would be times when I felt I could not go on. They used to make one walk with one crutch, at the end they simply stopped fetching me and I never knew why. I still do not know”.

*P5 male:* “Yes that one at the hospital was just playing. I could not see the impact of what she was doing”.

However, the majority of the participants that received physiotherapy indicated that they benefited from the physiotherapy program, it gave them encouragement and hope that life would be better again when they felt they were giving up:

*P12 male:* “It changed me by giving me hope that I would walk again. I was always bedridden. I used crutches to walk around and I could not be reassured that I would be my old self again, so he encouraged me that I would walk again. He could see that even though I could not. I was only convinced while I was back home, when I stopped using crutches and walking by myself”.

*P14 female:* “They made a big difference because I could not sit up like this, so they trained me to sit and to walk because I was bedridden for a long time. I did not have strength. Once you stay a long time not doing anything, you can’t even hold anything. It made a big difference”.


4.3.2.2 Theme 2: Productivity

This theme is presented as work, home and community and / or society.

Work

The best outcomes of rehabilitation encompass successful re-integration of patients to their original work. From the results, some participants had to resign from their employments because they could no longer cope with the job demands due to:

- **Inability to run**

  *P1 male:* “*Mmm...the job that I was working, I had to quit because it’s security. I was working in the mall, most of the time I was working in TUT, when there’s a criminal, you have to run, you have to... security job, you have to be mentally and physically fit. So I had to quit because I couldn’t perform those duties*”.

- **Inability to stand for long periods**

  *P3 male:* “*It has changed because I used to work at ADT, a security job, most of the time we stand. It has affected me to the extent that I cannot do that anymore, I can no longer perform in a job that requires a lot of standing. I had relied very much on that job you see...*”

Another one third of the participants are struggling at work or in their businesses due to:

- **Tiring easily**

  *P13 male:* “*I can actually fix cars, but I get tired and my leg bothers me and when it swells up, it burns inside...I get pains*”.

  *P16 female:* “*Yes there are changes because I tire easily...my employer gives me a day off in the week so I can rest*”.

- **Difficulty sitting for long**

  *P19 male:* “*It is only getting tired if I sit for too long, like at work. I do not have much choice, I have to work sitting. At least here at home, I can sit or lay down. I do not have that option at work*”.
Inability to lift heavy objects

P15 male: “The work I used to do as a technician...I came after the accident to do some paperwork and my boss told me that, because my injuries were severe...and someone had resigned in the storeroom...because I know the equipment as a technician...I would take over from him. So I was told to start working here when I came back, so my problem is with the heavy things...I would ask the technicians, and they get annoyed. I have to ask my colleague to help with certain things, so it makes me feel useless at work because they also get impatient. It is as if they are doing my work and they do not get paid for that”.

This theme highlighted the financial implications post-pelvic fractures, the fact that some patients are forced to resign from the work they used to do because of challenges posed by these injuries. Further, of concern is that these patients are young, and have young families or are starting new families, therefore, losing a job in this manner can create a lot of frustration to them.

Home

This sub-theme covers the participants’ experiences on their performance of household activities. Most of the participants reported difficulty in doing house chores since they sustained the pelvic fracture. Some of the challenges were: pain, inability/difficulty in lifting heavy objects, inability to stand for long periods, difficulty bending, getting tired very easily and inability to climb stairs.

Pain

Pain endured by these patients has some limiting effects in terms of performance of duties. Two participants reported as follows:

P4 female: “Like, it is painful here, if I was to get busy cleaning or something like that or stand a bit at the sink, I start experiencing pain here. It happens when I wash the dishes or when I clean. When cleaning, I have to take breaks and sit down a bit”.

P10 male: “I can sweep with a broom, but then I would have to rest and lay on the bed due to pains”.
Inability/Difficulty in lifting heavy objects

P12 male: “I do not have the strength to handle heavy things…only the light ones. Where I can’t, she has to step in. I only do the simple things or I have to ask people to help me”.

P18 female: “I do not lift heavy things and when I work…I start with a good pace…and there comes a time where I get tired…I just have to stop”.

Inability to stand for long periods

Because patients reported they could not cope with standing for long periods, due to pain and fatigue, some have devised coping mechanisms when performing activities of daily living, e.g.:

P13 male: “I clean by myself. I can do my laundry but I have devised my own way. When cleaning, I do not stand for long because otherwise, the pains come and the body gets tired and I cannot wash standing. I have to sit down and wash myself”.

P11 male: “It is that lifting and things like that…and standing for long. I start feeling pains here (pointing where the pain is) and there (pointing again) and at the back”.

Difficulty bending

Frustrations were observed from several participants, especially when they were asked about their ability to perform daily house chores, emanating from difficulty in bending:

P14 female: “It is not like before, when cleaning, I tire very quickly. I cannot clean two rooms because we sweep bending down. Yes, when sweeping (and bending) a small area and you are done. Also the kneeling, I can’t kneel properly then I have to stand”.

The inability to function optimally not only affects these participants, it extends to family as well, as they have to carry out some of the chores. It also limits the ability to implement some innovative ideas the participants could have, as illustrated below:

P9 male: “There is a lot I used to do by myself, but now I can’t anymore so I have to instruct people or send my children. I have ideas but I cannot implement them because I cannot bend for too long”.
- **Getting tired very easily**

  *P18 female:* “I do not lift heavy things and when I work, I start with a good pace and there comes a time where I get tired. I just have to stop”.

  *P5 male:* “It is only the fatigue in the mornings. I would clean the yard and then I would be too tired to clean inside. I would then clean inside on the following day”.

- **Inability to climb stairs**

  One of the most documented functional problems associated with pelvic fractures is the inability to negotiate stairs:

  *P16 female:* “There are changes, I cannot climb up anymore to hang curtains”.

  *P7 female:* “I used to wash the windows, but when I reach... I can’t even climb stairs anymore, I am afraid to, it is so hard now. Even here at work, I refuse to do that, I am the one feeling the pain”.

  From these results, it is apparent that participants face serious challenges when it comes to performing activities of daily living, yet some devise coping mechanisms and this is likely to persist for many years, as reported by some participants.

**Community and/or society**

From these results, some participants reported that they were labelled by the society when they are not able to do things according to the expectations. Some are perceived as being moody or lazy. In other instances the society becomes over-helpful, rendering the patient feeling invalid.

*P7 female:* “Whenever they suggest we do something and I complain, they say I am sulking, that I am lazy, because I cannot lift things like I used to. Like when we cook at social clubs, handling big pots, someone has to help me with the cooking of pap”.

*P18 female:* “They have embraced me, they were there, they were very supportive... some of them... during the time of my accident”.
4.3.2.3 Theme 3: Social Integration

This theme according to this study includes spouse (pertaining to sexual function and relationship dynamics), family, friends and society; and sports and recreation.

**Spouse – Sexual function**

Sexual activity, forms the most integral part of intimacy, therefore, inability to perform sexual activity does leave the patients feeling unworthy, and it threatens to break relationships. Almost all participants reported that they experienced problems with sexual function and some indicated that they even opted to stop being intimate. Most of the affected participants were men compared to women. Most participants showed that they were reluctant to acknowledge or to voice their sexual challenges. Some tended to use words like: “not significant”, “sexual life is the same I cannot complain except”, “affected a little not too much”, “I think it’s ok unless maybe”. Some even spoke hesitantly/start stammering, indicating discomfort in discussing their sexual challenges/experiences post pelvic fracture. The problems that were noted by the researcher from the participants’ utterances and body language included:

- **Being scared/worried**
  
  P19 male: “It is affected a little, not too much because I may not always be comfortable with other things. Sometimes I monitor here, that I could get carried away and I could get too rough”.

- **Poor/difficulty/lack of erection**
  
  P11 male: “There is a big change but not that significantly but there is a change. Sometimes I find it difficult to get erect. Maybe I take a long time to erect and so on”.

- **Lack of interest or zeal**
  
  P12 male: “It has changed because sometimes you want to, but you just get bored, sometimes the erection is on and off”.

  P4 female: “Yes, sexually the feelings are not there since the accident. I have just been by myself, I do not have a yearning for anything. I used to have a partner but realised that it does not help because I do not feel anything, so I thought it might be menopause as I am older now”.
- **Tiring very quickly**

P13 male: “My sexual life is still the same, I cannot complain, except that I get tired, otherwise it is fine, my partner and I get creative so we make it work”.

P5 male: “I found myself a partner, she comes to visit. So I have found that I would get tired quickly when we play around. I would get tired here (pointing on the lower back), that is the biggest change”.

- **Pain**

P15 male: “The problem now is my wife at home. I cannot perform for too long because of the screws and the pains. I seem to aggravate them”.

P2 male: “Er I think...I think it’s ok too...unless maybe...erm...if...er...let’s say...how can I put it? Like there are days when maybe I get er...pains on my back...just below the spine...yes...somewhere there...and sometimes...I don’t know what’s this part...this...” (He was pointing at his groin).

- **Poor self esteem**

P18 female: “I avoid sexual intercourse as much as I can because I have realised that I have changed. I avoid a full sexual intercourse where it gets intense like a normal couple, also that I do not want to disclose too much, I have a lot of wounds on my body that I am not proud of. So I would say that my self esteem has gone down, I have been affected emotionally and physically, I do not know if I avoid, honestly speaking”.

- **Decreased range of movement in the hip joints**

P14 female: “Well it has since changed because I cannot open my legs anymore, only a little”.

- **Changes in relationship dynamics**

P7 female: “It got affected because my partner and I do not have intercourse”.

From these results, it is apparent that even patients who reported that their sexual activity was not affected, all seemed to report that they tire easily or experienced weak erections. However, they did not view these issues as challenges and reported that these contributed insignificantly to their sex life. Problems emanating from sexual activities can work on the self-esteem of any person, hence, some
found coping mechanisms. Of concern is that most of these patients who reported difficulties during sexual activities were young adults, who were at the reproductive stages of their lives.

**Family**

Family support is perceived to be very important in achieving optimal rehabilitation outcomes. For the majority of participants, the family was reported to be supportive:

P4 female: “They are affected by it also, they do help, like this child here helps me a lot because I can’t anymore. They don’t even let me be by myself for too long, fearing that I might have problems. Sometimes I would call at night telling them that I do not feel well, so this one came to stay with me here”.

P5 female: “Also there is a relative who is a nurse, she would bring me pills for pain from time to time”.

However, there are some few patients who seemed to have a difficult time with the family members as indicated by the statements below:

P18 female: “They have changed in a way, they see me clean and together, they do not know what is going on inside of me because sometimes I wake up in the morning and I get affected by the weather and I would feel that I cannot do much, whereas my mother expects me to do this and that and that. I used to be a fast child, so some of the things I cannot do affect family relationships. They feel like I am sulking or I have lazy tendencies. I do not know…also with my child, I do not lift the child as such, like before, after the accident, I stopped to carry her on my back or to pick her up. It has affected family relationships one hundred percent”.

P20 female: “After getting injured there were problems in the family because I used to work, so when I stopped working, they turned against me”.

P6 male: “Because I no longer have an income, so I can see that they have changed. They do not treat me the same. I used to give them money so now...”
From these results, it seems that families do not understand the impact of these injuries on patient’s ability to function, hence, they think that the affected individuals are lazy or sulking.

**Friends and society**

Some participants reported that they had good support from friends and the society as reported below:

**P5 male:** “Also there is a relative who is a nurse, she would bring me pills for pain from time to time”.

**P12 male** also shared the same sentiments about the support from the society when she voiced that, “I have had a lot of support from my friends. I have never suffered for anything, they help me a lot. If it was not for them, maybe I would not have survived”.

In some instances friends and the society were not as supportive to the participants as indicated by **P7 female** and **P13 male**:

**P7 female:** “Whenever they suggest we do something and I complain, they say I am sulking…that I am lazy…because I cannot lift things like I used to…like when we cook at social clubs…handling big pots…someone has to help me with the cooking of pap”.

**P13 male:** “The rest disappeared into thin air, some friends only need you when you have something. Because right now I do not move, secondly I am always at home, maybe they think they have to come with money…whereas I am even thinking that others seem to feel pain. I don’t know…because people have different ways they respond to things…sometimes when you talk to someone, you can tell they have a certain pain they are dealing with. Things have changed between us”.

From this theme, it is appreciative that most patients reported that they had support from friends, however, friends and family who are over-helpful can render patients to be invalid, especially if they take over all activities without checking what the patient is capable of doing. For those who lacked friends and family support, this is likely to lead to depression and may make the patient to refuse treatment and feel as if he/she is unwanted.
Sports/Recreation

Some participants in this study were involved in sports before they sustained pelvic fractures. Most participants may not be able to return to their original sports and would have needed to be advised on taking less intensive mild-to-moderate sports. This implies that rehabilitation of these participants was supposed to go beyond in-patient physiotherapy but include addressing return to sport.

Some participants who had been involved in sporting activities had to stop their hobbies and they also felt like they became very compromised and disadvantaged in life:

P1 male: “Yes it has changed because I was playing softball. I’m no longer playing because I cannot run the way I used to”.

P18 female: “Yes, it has changed completely because some of my dreams I cannot reach them anymore. I was an active person...like running...I was really active before this thing, I had an interest of joining the metro police so bad that I did apply and did their 2,4km run...all their physical tests and passed them... also passed their psychometric test”.

4.3.2.4 Theme 4: Function and Disability

One of the devastating impacts of pelvic fractures is loss of function, the limitations emanate from persistent pain and joint limitations in terms of movement.

This theme covers the Impairments and Activity limitations; and Functional ability – HRQoL.

Impairments and Activity Limitations

This section presents both the physiological and the physical impairments; and activity limitations. These include: pain, vitality, emotional aspect, voiding urine, bowel function, sleeping, sitting, standing, bending, walking, stair climbing, running and sports, lifting heavy objects and working hard, performing household chores.

• Pain

From the beginning of this report, pain has been cited as the main cause for inability to perform activities. All the participants in this study experienced pain with most of the activities that require sitting, sleeping, standing, bending, walking, climbing steps, running, doing house
chores, lifting heavy objects, working hard, voiding urine and being intimate. These are some of the statements from the participants:

**P12 male:** “The pain I would sometimes have, has to do with the urinary system and back pain”.

**P3 male:** “I would feel pain when walking, I couldn’t lift things, I couldn’t pick up a bucket from the floor. Even now, I can’t sit down for too long and when it rains or when it’s cloudy, I feel pain sometimes. Also I shouldn’t run too much, otherwise I feel a certain heat coming from my spinal cord and then I feel a certain pain here at the back”.

**P4 female:** “Like… it is painful here if I was to get busy cleaning or something like that or stand a bit at the sink. I start experiencing pain here…it happens when I wash the dishes or when I clean. When cleaning I have to take breaks and sit down a bit”.

- **Vitality**

Most participants reported a feeling of tiredness or exhaustion especially when they perform certain activities.

**P4 female:** “It has changed because, as I explained that I can no longer work for myself like I used. I do not have the same energy, even a little chore wears me out. I am not like I was before the accident, I was active and well”.

**P5 male:** “It is only the fatigue, in the mornings I would clean the yard and then I would be too tired to clean inside. I would then clean inside on the following day”.

**P13 male:** “My sexual life is still the same, I cannot complain except that I get tired. Otherwise it is fine, my partner and I get creative so we make it work”.

- **Emotional aspect**

The participants mentioned or showed different emotions when narrating their life experiences following the pelvic fractures. These included the observed and expressed emotions, like: crying, being saddened by the situation they find themselves in, have short temper, are heartbroken, have a low self-esteem, worry a lot or cautious when doing certain stuff in case they hurt themselves, happy to be alive and concerned about how people see/judge them.

**P12 male:** “I do not know how you will take this but, eish, I have a short temper now, because if get upset, I cannot hold it. Even when driving, I get too emotional or I keep quiet a lot. If I
am not fine she gets puzzled. I keep quiet when there is something bothering me, sometimes talking helps me, crying also helps, I get relief. But what concerns me is the temper, when someone upsets me, it takes me back to the suffering I had that is why I avoid being upset because the family can also pressure me, they always want help and if you cannot help, they start making remarks. It is a lot of things that they do to make one think too much”.

P15 male: “Eish, when I think of how things used to be before, I could do everything, never struggled, so it breaks my heart because now I struggle. When I have to do heavy work, I need help, I cannot do it by myself”.

- Voiding urine

From this study, most of the participants reported that they experience problems when voiding urine. Male participants were affected more than the females.

Inability to hold for long

P15 male: “I can control the urine, but when I get to the toilet, as I prepare to let it out, it is already going out on its own”.

P18 female: “Yes I cannot hold my urine for long anymore”.

Frequency higher than usual

P16 female: “I have to go every now and again. It comes out if I don’t rush. I could be getting off a taxi and have to rush home because otherwise it will simply come out”.

Discomfort with voiding

P7 female: “It comes, and it gets itchy, then it stops, and then I take some water, a lot of it. But it’s not a bad itch though, it just gets uncomfortable”.

Pain

P12 male: “The pain I would sometimes have, has to do with the urinary system”.

- Bowel function

A few participants reported that they had challenges with bowel function:
Constipation and Inability to void completely

P15 male: “When I compare, it is as if I am constipated now and when I sit down, it is as if I cannot take out all the waste. It is not like before, so it is hard now”.

- **Sleeping**

Approximately one third of the participants indicated that they could not sleep peacefully at night. They either presented with pain that was disturbing their sleep or they could not sleep on the affected side.

P15 male: “I can sleep well. I always have pills next to my bed. I always take disprins, sometimes I get pains at night then I would wake up and take disprins”.

P16 female: “I actually have to sleep facing up, that is when I can sleep properly. If I turn, I get pains on the sides. I have to sleep only for a short time on the side. I enjoy sleeping facing up”.

- **Sitting**

Most of the participants voiced that they had challenges with sitting which included the following: pain, not being able to sit upright, inability to sit for longer periods of time, struggling with lower seats, sitting on hard surfaces, getting tired quickly and cramps.

P12 male: “I get tired, that is why I bought this chair so that I can stretch out sometimes. I cannot sit for too long in an upright position”.

P15 male: “I have to stand from time to time, when I sit for too long it feels like I cramp up and I get pains so I have to stand up and walk around a little”.

- **Standing**

Almost half of the participants reported to be experiencing pain during standing especially if they stood for longer periods of time.

P11 male: “And standing for long, I start feeling pains here and there and at the back”.

P13 male: “I do not stand for long, because...otherwise, the pains come and the body gets tired and I cannot wash standing, I have to sit down and wash myself”.

P14 female: “Like I said, I get pains when I stand a long time”.
The participants indicated that they have difficulties with performing activities that require bending. They said they experience pain or become too tired and they have to stop the activity halfway.

P14 female: “I cannot clean two rooms because we sweep bending down. When sweeping and bending, a small area and you are done, also the kneeling, I can’t kneel properly…then I have to stand”.

P16 female: “I cannot sweep for a long time because of the bending, when cleaning, I have to take constant breaks”.

Two thirds of the participants experienced problems during walking that included:

Pain

Of the participants that have challenges with walking, pain was identified to be the most prevalent in two thirds of the participants.

P3 male: “I would feel pain when walking”.

P1 male: “Sometimes when I walk, I feel pain in the pelvis”.

P17 female: “I am not walking properly yet, there are still pains”.

Altered gait

P1 male: “Sometimes when I walk, I feel pain in the pelvis. Even people who know me, they tell you that I’m not walking…because it was…I walk like I stumble”.

P6 male: “It shows in my walk, I do not walk properly then. Time will tell, maybe when I am in my 40’s, it would bother me again”.

Difficulty with long distance

P12 male: “Ordinary walking I can do, but I should not do long distances, like walking to there (he points), it’s not far. If I walk long distances, I will suffer lots of pains after because this leg never healed properly and took a long time and my body…my system does not function like it used to”.

W
Tiredness and cramps

P20 female: “I walk well, but I get tired and I get cramps”.

- **Climbing stairs**

The participants reported challenges when/with climbing the stair cases that included pain, tiredness and lack of strength.

P1 male: “The problem is stairs when I go up”.

P16 female: “I cannot climb up anymore to hang curtains, I get tired”.

- **Running and sports**

The participants voiced that they are not able to run and had to stop the sporting activities they were involved in. This was due to pain, lack of strength, lack of vitality and lack of balance:

P12 male: “I used to play football and a lot of other things, but now, I do not have the strength to handle heavy things, only the light ones. I am no longer as active as I used to be. Running, one is always mindful of one’s condition, I am always taking pills”.

P18 female: “I was an active person...like running...I was really active...before this thing, I had an interest of joining the metro police so bad that I did apply and did their 2,4km run, all their physical tests and passed them, also passed their psychometric test. I loved marathons at secondary school, I played ladies soccer, which I cannot do now, because in football, we fall...you fall and you have to balance and stand again. So with this back ache, I could fall and not be able to stand”.

- **Lifting heavy objectives and working hard**

Some participants reported that they were limited in performing physically challenging activities due to pain and lack of strength.

P16 female: “The only problem is when I work hard or when lifting heavy things...that is when I feel pains”.

P11 male: “It is that lifting...and things like that...and standing for long...I start feeling pains here and there...and at the back”.
P12 male: “I do not have the strength to handle heavy things...only the light ones...where I can’t, she has to step in. I only do the simple things or I have to ask people to help me”.

- **Performing Household chores**

Performance of household chores according to most (85%) of the participants is a struggle due to the following challenges: pain, inability to bend and kneel, inability lifting heavy stuff, getting exhausted quickly, inability to climb stairs, standing for both short and long periods of time and less strength.

P5 male: “It is only the fatigue, in the mornings I would clean the yard and then I would be too tired to clean inside. I would then clean inside on the following day”.

P6 male: “Domestic duties...no...like taking out weeds with a spade...I cannot do them anymore...like digging a hole, using picks and the like...I cannot do those anymore”.

P10 male: “No I can’t do everything like before, only some. I can sweep with a broom but then I would have to rest and lay on the bed due to pains”.

P12 male: “I do not have the strength to handle heavy things...only the light ones...where I can’t, she has to step in. I only do the simple things or I have to ask people to help me”.

P14 female: “It is not like before, when cleaning, I tire very quickly. I cannot clean two rooms because we sweep bending down”.

P16 female: “There are changes, I cannot climb up anymore...to hang curtains, I get tired. I cannot sweep for a long time”.

**Functional ability and HRQoL**

One hundred percentage of the participants reported that quality of life had changed enormously following the pelvic fracture. The following are the changes they reported on: quitting their jobs as they were not able to cope with the expected job demands, stopping the sporting activities they were involved in, acknowledging their shortcomings since the pelvic fracture and had to allow their family members to help/intervene when necessary, poor performance or experiencing difficulties in their work, not sure about their future anymore, not having much interest in life anymore.

P1 male: “Mmm...the job that I was working...I had to quit...because it’s security.. I was
working in the mall, most of the time I was working in TUT, when there’s a criminal, you have to run, you have to...security job, you have to be mentally and physically fit...so I had to quit because I couldn’t perform those duties”.

P4 female: “Eish...I cannot work anymore, there are many changes on me...I cannot work anymore. I don’t even have a feeling for...in my personal life. I am not like I was before, I don’t perform like I used to. I don’t even have a yearning for anything”.

P9 male: “Oh it has changed me a lot. My whole life has been changed by this fracture, because I am the kind of person who works for himself. I am building, right now I want to change my home but I cannot. I have to hire someone because I used to do things myself like building but I cannot do those things anymore”.

P15 male: “This fracture of the pelvis has caused me so many issues...I cannot run anymore...I cannot run at all, even when crossing the road and a car comes, I cannot run”.

P18 female: “Yes, it has changed completely because some of my dreams, I cannot reach them anymore. I was an active person, like running...I was really active before this thing, I had an interest of joining the metro police so bad that I did apply and did their 2,4km run, all their physical tests and passed them...also passed their psychometric test. It is only that I do not have a licence, I only have matric. I do not know if they terminated my application due to the fact that I do not have a licence or not. So I can never go back to metro police because there is a point where you have to lift your body and jump a wall. I cannot do that depending on one hand because my hand does not have strength at all, also my back...with these physical things, you have to use all your body. To jump that wall, there is a point where I have to balance the whole body...then the strength in my legs...so I cannot do that at all, I am not strong. Also the fact that I do not know if I will be able to conceive as time goes”.
CHAPTER 5

DISCUSSION, CONCLUSION, RECOMMENDATIONS & LIMITATIONS

5.1 Introduction

The discussion is done according to the two (2) phases of the study, where Phase 1 presents the quantitative results and Phase 2 the qualitative findings. The aim of this Explanatory Sequential study design was to determine the Health-Related Quality of Life of patients post pelvic fractures in the Tshwane Academic hospitals, Pretoria, South Africa.

**Phase 1** is discussed under the following subheadings: Socio-demographics, characteristics of the pelvic injuries, orthopaedic management, Physiotherapy rehabilitation, discharge summaries and conclusion.

**Phase 2** findings are discussed under these heading: socio-demographic profile of the participants, themes and subthemes and the HRQoL of participants according to the adapted – 15D questionnaire that was used as an interview guide.

5.2 Discussion of Quantitative results of Phase 1

5.2.1 Socio-demographic profile of the patients

The results of the current study revealed that the majority of the patients who were admitted in the three Tshwane academic hospitals with pelvic fractures were blacks. Two of the three hospitals that were targeted are in predominantly black townships, it is therefore not surprising that the majority of these patients were black. Furthermore, all academic hospitals of this study are referral hospitals. The surrounding health institutions refer patients of all races as found in all three hospitals. According to Statistics SA (2015), the majority of residents in Tshwane are black, and the majority of them are unemployed and rely on public health institutions. In essence, the public hospitals cater medical services for people in the low socio-economic class. According to Pines et al., (2009), Teaching and Government hospitals render health care services mostly to the black communities and this is in agreement with the findings of this study. Studies in other countries such as USA, have reported a similar race trend where the
majority of patients who sustained pelvic fractures were African-Americans (blacks), compared to other races (Yoshihara & Yoneoka, 2014).

This study found that over half of patients who had sustained pelvic fractures were males. Yang, Chan, Chu, Lin, et al., (2014) did a 12-year surveillance of patients with pelvic fractures and concluded that more males were likely to sustain pelvic fractures. Males are always up and about and usually drive their cars on high speed as compared to females which might explain this high incidence in males. These findings are in contrast to Prieto-Alhambra et al., (2012), who found that in their study the pelvic fractures were more common in females than males. Almost two thirds of the patients who sustained pelvic fractures, were single. What is worrisome is that they still need to have partners or spouses to establish their lives with, which might pose a big challenge post pelvic fractures as this usually leads to residual disability.

The majority of the patients who had sustained pelvic fractures in this study were in the age range of 18 – 39 years. This is consistent with Borg et al., (2010), who reported that pelvic injuries often occur in younger people. Prieto-Alhambra et al., (2012), also reported that pelvic fractures occur as a result of road traffic accidents in young adults. Pohlemann, Tosounidis, Bircher, Giannoudis and Culemann, (2007), concur with the findings of this study, as they also found that the highest incidence of pelvic fractures is in the high activity level people aged between 18 to 35 years. This is in agreement with McCormack et al., (2010) who found that most of the pelvic injuries occur between the ages of 15 to 30 years followed by 50 to 70 years. With some of the possible complications following pelvic fractures for women, there might be struggles with child bearing at some stage. Vallier, Cureton and Schubeck, (2012), predicted that malunion of pelvic fractures might disturb natural deliveries leading to caesarean section deliveries.

5.2.2 Characteristics of the pelvic fractures

The results of this study revealed that the majority of the pelvic fractures were caused by MVA. Furthermore, it was found that two thirds of the patients were involved in MVA as passengers and pedestrians as opposed to a few who were drivers. The low incidence of pelvic fractures among the drivers could be reflecting the safety features that are mostly available in the vehicles to protect the drivers. That could also be due to the fact that most people use taxis that are often 18 seaters and one driver, which might lead to more casualties being passengers than
drivers. The falls, especially falls from a height were also one of the causes of pelvic fractures in this study. This is supported by Palmcrantz et al., (2012) who reported that MVA and falls from heights are amongst the most common causes of pelvic fractures. The findings of these studies indicate that it is important for health promoters to design campaigns targeting children, adolescents and young adults to reduce risks predisposing them to preventable accidents such as falls and promoting adherence to road safety.

The findings of this study reveal that MVA leads to patients sustaining more than just a pelvic fracture(s), but also fractures/injuries of other bony and soft tissue structures including injuries of the urinary system. This is in alignment with findings of the study by Sosin et al., (2006), who reported that pelvic fractures do not usually occur alone but in polytrauma. The findings of this study imply that gender has to be considered when diagnosing pelvic fractures, because of the possible injury to the ureters and bladder, which leads to urinary retention (Hessmann, Rickert, Hofmann, Rommens and Buhl, 2010).

This explains the impact of a high velocity force as the pelvis is a relatively strong and more stable bone. Multiple injuries pose a bigger challenge in the management and rehabilitation of patients. Patients might even stay longer in the hospital due to the complexity of their injuries. The length of hospital stay for the patients in this study ranged from 1 day to 276 days. The length of hospital stay of the patients is more prolonged in the teaching hospitals as compared to the non-teaching ones and that might lead to the best quality of care being compromised (Pines et al., 2009). A multi-disciplinary health team may be instrumental in reducing the length of hospital stay. Patients that have improved functional abilities and no complications may be discharged.

The 236 medical records that were reviewed had only three records indicating the classification of the pelvic fracture a patient had sustained. This might lead to missing some of the important aspects that need to be addressed during the management of these patients. This might also lead to other rehabilitation team members, especially the physiotherapists, not being aware of the severity of the condition of the patient and therefore not paying much attention to the patient’s rehabilitation needs. This could also help the physiotherapists to structure their rehabilitation intervention to be specific, measurable, attainable and time-bound. Moreover, a much better, effective and efficient patient centered program may be drawn to benefit patients as individuals. Proper classification of pelvic fractures might also put the physiotherapists at ease during the rehabilitation phase as it will be easy to observe the precautions not to endanger the patient.
during the rehabilitation because they will be well informed about the patient’s condition (Furey et al., 2009).

According to Furey et al., (2009), the classification of pelvic fractures helps in identifying the bony structures that are involved, the proper management and the prognosis of the patients following these injuries. The Young and Burgess classification assists in identifying the associated injuries and the specific treatment options and the Tile classification determines injuries that need surgical management (Furey et al., 2009). These two classifications of pelvic fractures have been known to facilitate decision making, treatment and prediction of potential associated injuries and outcomes (Dimitriou and Giannoudis, 2012).

5.2.3 Medical Management

The results of this study also revealed that a quarter of patients with pelvic fractures had hypertension and others were retro-viral positive. According to Toien, Bredal, Skogstad, Myhren and Ekeberg, (2011), pre-existing diseases are associated with a poor HRQoL. The presence of co-morbidities delays the healing process of injuries and might lead to a prolonged length of hospital stay which impacts on the hospital funds. This would lead to an increased burden of health of care and over-use of medical resources for the affected individuals (Kleinpell, Fletcher and Jennings, 2008). The patients will need a multidisciplinary care team to meet their needs.

5.2.4 Orthopaedic management

Approximately all patients according to medical records were managed on bed rest and other conservative types of management such as traction and pelvic binders. The commonly used conservative type of management was skin traction followed by skeletal traction and then the least used was a pelvic binder. According to Prieto-Alhambra et al., (2012), there are therapeutic strategies used to improve outcomes in patients with hip fractures even though there is very little evidence on the strategies that are specifically aimed at pelvic fractures. A pelvic binder is recommended when there is haemorrhagic shock that is associated with unstable pelvic ring injuries (Toth, King, McGrath and Balogh, 2012). The study further suggests that a
pelvic binder is to provide pelvic stability and avoid further complications even though its effectiveness and safety is not well documented.

In this study, only a third of the patients had their pelvic fracture managed surgically mostly with an internal fixator when compared to an external fixator. According to Pohlemann et al., (2007), there is still uncertainty concerning the indications for operative stabilisation and optimal surgical techniques. Nevertheless, the surgical management of pelvic fractures reduces the length of hospital stay and improves the functional outcomes as compared to conservative management (Handoll and Parker, 2008).

5.2.5 Physiotherapy rehabilitation

Physiotherapy is an integral service within the rehabilitation team. According to Mehta and Roy, (2011), physiotherapy aims at improving mobility, strength, balance and functional independence of the patients. The physiotherapy rehabilitation discussion will include the In-patient physiotherapy, the duration and the frequency of physiotherapy and the ward program.

Findings from this study indicate that just over half of the patients received physiotherapy whilst in hospital. This implies that almost half of the patients with pelvic fractures do not receive physiotherapy rehabilitation. This predisposes the patients to significant disabilities that might have a negative impact in their lives. Two thirds of the patients who received Physiotherapy while in the hospital were treated for a duration of one to five days. This study also indicates that almost all patients that were receiving in-patient physiotherapy were treated only once a day. The mentioned duration and the frequency of physiotherapy on patients with pelvic fractures might not be adequate to improve their functional outcomes. Pelvic fractures are the most challenging fractures amongst the lower extremity fractures. According to Penrod, Boockvar, Litke, Magaziner, Hannan, Halm, Silberzweig, Morrison, Orosz, Koval and Siu (2004), there is no conclusive information published to indicate the effective frequency and timing of physiotherapy to yield better functional outcomes following surgery of these fractures. This presents opportunities for future studies.

Training of function was the most common treatment of choice in physiotherapy rehabilitation for the majority of the patients in this study. This was followed by strengthening and mobilization exercises. Only one medical record indicated the use of pelvic floor exercises in the rehabilitation of patients post pelvic fractures. According to Ohtake, (2010), the
physiotherapists are involved in the management of dysfunction of the different body systems. Use of wheelchairs, walking aids for gait training and resistive exercises are also important to regain or promote functional movement within the constraints of the patient’s condition.

The ward program was recorded in only three of the medical records. According to Cornwell, Levenson, Sonola and Poteliakhoff (2012), promotion of continuity of care for the patients is very crucial and can be achieved by empowering patients to be involved in their own care even if they might need support of the family.

5.2.6 Discharge summaries

The discharge summaries from the physiotherapists and the orthopaedic doctors are discussed in this section. A discharge summary helps in channelling the management of the patients without delaying the patient’s progress. It allows for an easy and efficient carryover of treatment which translates to better outcomes of the patients. This would also give a clear indication of the injuries that were sustained by the patient, how the injuries were managed and the condition of the patient at discharge. This could also help during third party claims and provide evidence when the medical team and the hospital are involved in litigations. According to Mfangavo (2012), a discharge summary is an important tool for communication that can be used at a later stage to provide information to support the continuity of care especially in cases of re-admission and for out-patient follow-up.

The Physiotherapy discharge summary was recorded in only less than a quarter of the medical records of the patients that had received Physiotherapy. The objective findings of physiotherapy that indicate the state/condition of the patient on the day of discharge were recorded in the majority of the medical records. The treatment program or intervention that was given to the patient on the day of the discharge appeared in most of the medical records. Only less than a quarter of the patients were given a home program and/or advice. A home program gives the patient ownership of his/her health; it allows continuity in the rehabilitation of the patient thus allowing better functional outcomes quicker (Cornwell et al., 2012). Only two (2) patients were given a return-date for physiotherapy as out-patients and only one (1) was referred to another institution for physiotherapy continuation. Follow-up assessments and appointments are also very important to improve patient adherence and motivation.
The orthopaedic discharge notes appeared in only two thirds of the medical records that were reviewed. The diagnosis of a patient was noted in only a few of the medical records and the state or condition of the patient at discharge was indicated in more than half of the patients. The multidisciplinary team that managed the patient during his/her stay in hospital was noted in less than a quarter of the medical records. Medical records revealed that less than a quarter of the patients were referred to other specialists within the hospital, a quarter was given advice on what to do or not to do at home after discharge. Furthermore, a few of the patients were transferred to other hospitals or health institutions for further management especially those who were admitted as referrals from other hospitals. A very few medical records indicated that the patients were given an assistive device to use at home. The study also showed that most of the patients were given a follow-up or review date.

There is a gap that needs to be filled in recording in the medical documents as almost a quarter of the patients do not have discharge summaries. Discharge summaries play a very critical role in the transition of care for the patients from one institution to another (Kind and Smith, 2008). According to Klipin (2016), there is no discharge summary format that has been adopted in SA. Further mentioned in their study is the constituents of the University of the Witwatersrand Department of Surgery Electronic discharge summary: patient details, referral details, patient history, procedures, complications, Intensive Care Unit or High Care Admission, radiology, medication, discharge and follow-up details and the diagnosis of the patient. The findings of this study reveal that the constituents of the discharge summaries are on par with that of other institutions.

5.2.7 Conclusion of the quantitative phase

The majority of patients who sustain pelvic fractures are still in their productive life span. Patients with pelvic fractures are not receiving optimum health care especially from the physiotherapists. This might lead to multiple residual disabilities including activity limitations and participation restrictions in patients post pelvic fractures. Although there could be multiple reasons for only just more than half of the patients receiving physiotherapy, all patients should be rehabilitated after a single or multiple pelvic fractures/polytrauma. Physiotherapy addressing the pelvic floor muscles is omitted in the rehabilitation. Pelvic fractures are a type of injuries which should be addressed holistically by the physiotherapists in context of the multi-disciplinary team.
5.3 Discussion of Qualitative findings of Phase 2

This section includes the discussion of: Socio-demographics of the participants with pelvic fractures, Characteristics of the pelvic fractures, four themes (Physiotherapy rehabilitation, Productivity, Social integration and Function, Disability and HRQoL) that emerged during analysis of the phase 2 findings. The 13 sub-themes, 36 categories and 10 sub-categories of sub-themes that emerged during data analysis have also been included in the discussion.

5.3.1 Profile of participants with pelvic fractures

The study consisted of 20 participants that participated in the one-on-one in-depth interviews. The majority of the participants were males. Three quarters of the participants were younger than 40 years and most of them were not married. All the participants had sustained their pelvic injuries through high velocity impacts and MVA accounted for most of them. The majority of the participants had sustained polytrauma which also involved other bones apart from the pelvis. The pelvic fractures were not classified in any of the participants and that was consistent with the review of medical records. A few of the participants had concurrently sustained injuries that involve the urinary system.

Half of the participants were managed conservatively and another half was surgically managed in this study. Three quarters of the participants received physiotherapy during their hospital stay. The length of hospital stay of the participants in this study ranged between one day and 67 days with most staying for up to one month. The participants, during the time of the interviews, had a minimum period of two years, and a maximum of seven years and four months post pelvic injury.

5.3.2 Themes, sub-themes, categories and sub-categories

5.3.2.1 Physiotherapy rehabilitation
Anecdotal evidence suggests that upper limb and bed mobility exercises should begin as soon as possible, with gait training using assistive devices and progressive weight bearing considering the type of injury, the medical management and the stage of healing of the pelvis. Physiotherapy rehabilitation is discussed following these subthemes: In-patient Physiotherapy, Out-patient Physiotherapy, home program and the impact of physiotherapy.
As evident from this study, most of the participants received physiotherapy during their hospital stay. Nevertheless, some participants who were managed conservatively were not treated immediately by a physiotherapist when they were still immobilised in bed. Some of these participants received physiotherapy only after the surgical management was performed. Others received physiotherapy just before they were discharged. Crutch walking was taught to patients in preparation for discharge. This shows that physiotherapists are consciously or unconsciously neglecting patients with pelvic fractures. As first line practitioners, physiotherapists are expected to diagnose and manage patients, with or without referral. Some of the functional challenges faced by these patients could have been prevented or managed with early intervention. According to Vallier, Moore, Como, Wilczewski, Steinmetz, Wagner, Smith, Wang and Dolenc, (2015), Early Appropriate Care (EAC) is recommended as it optimizes care and results in fewer complications on the patients. This is further supported by Chen and Rimmer (2011), who reported that prompt physiotherapy is associated with improved physical function and HRQoL.

In cases where participants were not referred for follow-up physiotherapy after discharge from the hospital of admission, it posed a further compromise in their QoL as they lacked proper re-integration to their homes and communities. Some of these participants were given a home program as a continuity of their exercise prescription at home with most showing confidence in understanding their execution even though there were those who did not. Continuity of care promotes high-quality and cost effective health care (Cornwell et al., 2012). This shows that physiotherapists have a responsibility to demonstrate how these exercises are done, observe and correct the patient performing them to ensure that they can cope on their own.

The involvement of family members or caregivers is also very crucial when the patient is not able to do the exercises on their own. The other participants doubted that the program was specific for them; they did not believe that the exercises could help them to get better. This poses a big challenge because when the patients do not understand the program or do not think they will benefit from it, they will not adhere to it. Therefore, execution, benefits and outcomes of the exercises need to be explained to the patients as much as possible so as to make sure they understand and feel the need to do them. Patient specific and individually based programs, and patient education are very crucial. This in turn leads to effectiveness of physiotherapy in the rehabilitation of patients as the home program allows them to take an active role in their own management. According to Auais, Eilayyan and Mayo (2012), home based exercise program improves the physical function of individuals.
Most of the participants that received physiotherapy in this study indicated that they benefited from the physiotherapy program. This was despite the fact that the duration, the frequency and the intensity of the program did not seem to be adequate. A poor QoL was reported by the majority of the participants who did not receive physiotherapy and by only a few of those who received physiotherapy. The findings of this study are consistent with those of Mehta and Roy (2011), who found that physiotherapy improved the HRQoL of the patients following fractures as reported by the involved individuals. Moreover, the findings of a study conducted by Penrod et al. (2004) revealed that immediate physiotherapy post-skeletal surgery is associated with improved mobility in the patients even though there is no published evidence as to the frequency and timing of physiotherapy to maximise functional independence.

5.3.2.2 Productivity
The findings of the study revealed that most of the participants could not continue with their previous jobs because they could no longer cope with the job demands after the pelvic fracture. This included both the participants that had an employer or were self-employed. The barriers included inability to run, to stand for long periods, tiring easily, inability to sit for long periods of time and to lift heavy objects. These findings are consistent with Gabbe, Sleney, Gosling, Wilson, Sutherland, Hart, Watterson and Christie (2014), who reported that participants in their study were negatively affected pertaining to work. This, impacts negatively on the financial status of the participants and leads to a risk of substantial economic burden (Gabbe, et al., 2014).

According to Diedericks, (2014), early detection and management of occupational issues can lead to improvement of work situations or environments amongst the MVA victims. Furthermore, there is evidence of improvement of health in MVA victims that were in the employment. This highly indicates the need for the involvement of a multidisciplinary team that is inclusive of occupational therapists and social workers in the rehabilitation of patients who had sustained pelvic fractures to vigorously drive them for a return to optimal function and thus return to work (Diedericks, 2014).

Participants also had difficulty in performing household activities like washing dishes, cleaning the house and the yard due pain, inability/difficulty in lifting heavy objects, inability to stand for long periods, difficulty bending, getting tired very easily and inability to climb stairs. The findings of this study are similar to those of Kabak, et al., (2003) who revealed that patients
who had unstable pelvic ring fractures and were treated by open reduction and internal fixation (ORIF), complained of pain of pelvic origin, which prohibits prolonged sitting or standing and limits routine daily activities. Future studies are needed to explore pain post-pelvic fractures and recommend management and rehabilitation strategies that will benefit patients.

5.3.2.3 Social integration

The majority of the participants indicated that the relationship they had with their partners was not as good anymore as a result of problems related to sexual issues. There were a lot of changes in family dynamics. The majority of the participants reported to be having problems with sexual function and some indicated that they even opted to stop being intimate. This is emerging as a new trend of involuntary celibacy that has negative impact on spouses. Most of the affected participants were men as opposed to women. The findings of this study are in contrast with Harvey-Kelly et al., (2011), who reported an incidence of sexual dysfunction in patients following pelvic fractures to be 35.9% and 39.6% in males and females respectively. Men are people who like to be seen as providers and leaders, people who always succeed in life otherwise they lose their self-esteem very easily. Therefore challenges with sexual function could be very detrimental to their emotional well-being. Moreover, may negatively impact their integration to the home and community. Studies show that most patients who sustained pelvic fractures complain of difficulty in engaging in sexual activities, which is a major problem for both single and married people (Metze, 2007).

Some of the challenges that were related to sexual function as reported by the participants in this study were being scared/worried, poor/difficulty/lack of erection, lack of interest/zeal, tiring very quickly/lack of vitality, poor self-esteem and decreased range of hip movements. Metze et al., (2007) described sexual dysfunction as a disability that has a severe negative impact on the QoL of a patient and is classified as erectile dysfunction, ejaculatory dysfunction, sensory loss in the genital region and pain during sexual activity. According to Hessmann et al., (2010), sexual dysfunction is more in patients following a pelvic fracture and might be mainly due to the damage to the genital nerves or vessels, with the vascular origin being the most dominant.
The relationship within the family was good in the majority of the participants as the family members were quite supportive. There was also a few participants who expressed that they were having a difficult time with the family members. Some members of the society become judgemental and they label the participants as being lazy, sulky and complaining a lot. Most of the participants following pelvic fractures look rather normal with no visible disabilities even though they might have difficulties in performing certain activities. This could be the contributory factor to high expectations in the community and society.

The participants reported that they were not involved in sports and recreation anymore since they sustained a pelvic fracture, and they withdrew from leisure activities due to pain, lack of balance, poor vitality and inability to run. According to Draovitch, Maschi and Hettler (2012), for a patient to return to sports and recreation following an injury he/she must be free of pain, anxiety and fear.

5.3.2.4 Function, Disability and HRQoL

The participants in this study had a minimum of at least two years and a maximum of 7 years and 4 months following a pelvic fracture during the time of data collection. Half of the participants perceived their QoL as fair, with just less than half who perceived theirs to be poor. Only one participant reported his QoL to be good. For the participants who reported their QoL to be fair or good, they had devised ways to cope despite the disabilities and the limitations they were faced with, but that did not mean that their lives were better than before sustaining a pelvic fracture. The findings of this study are consistent with Borg et al., (2010), who found that patients reported a substantially lower QoL following pelvic fractures even two years post injury. According to Inaba, Sharckey, Stephens & Brenneman (2004), pelvic fractures are the major cause of mortality amongst those involved in MVA. Survivors are often left with poor QoL. Furthermore Borg et al., (2010), found that the lower QoL could not be solely accountable to the pelvic fracture but also to the associated injuries these severely injured patients sustain.

All the participants in this study experienced pain with most of the activities that require sitting, sleeping, standing, bending, walking, climbing steps, running, doing house chores, lifting heavy, working hard, voiding urine and being intimate. Almost two thirds of the participants voiced that they had difficulties with sitting due to pain, not being able to sit upright, inability to sit for longer periods of time, struggling with lower seats, sitting on hard surfaces, tiring quickly and cramps. Approximately one third of the participants could not sleep peacefully at
night due to pain and inability to sleep on the affected side. Almost half of the participants experienced pain during standing especially standing for longer periods of time. The participants also struggled with completing activities that require bending, as those lead to pain and exhaustion.

Kabak, et al., (2003) found that patients who had unstable pelvic ring fractures and were treated by open reduction and internal fixation (ORIF), complained of pain of pelvic origin, which prohibits prolonged sitting or standing and limits routine daily activity. There is evidence of disability and chronic pain in more than half of the patients who had stable pelvic fractures (Mkandawire et al., 2002).

In this study, walking was found to be challenging in almost two thirds of the participants. Participants reported that they were struggling with walking due to pain, altered gait, and difficulty walking long distances, tiredness and lack of strength. The findings of this study were consistent with findings in a study by Holtslag et al., (2006) where almost two thirds of the participants presented with problems of walking a distance even after 15 months. The participants also indicated that stair climbing was one of the main problems they experienced due to pain and lack of strength.

All the participants expressed that QoL had changed enormously following the pelvic fracture; it was not the same anymore. This was accounted for by the changes they reported which included quitting their jobs/employments as they were not able to cope with the expected job demands and stopping the sporting activities they were involved in. Some of the participants had to acknowledge their shortcomings since the pelvic fracture and had to allow their family members to help/intervene when necessary which leaves them feeling helpless and vulnerable as they feel they have lost their independence as individuals. Other participants reported that they experienced difficulties at work and had poor performance pertaining to their duties, were not sure about their future and were not having much interest in life anymore.

Some participants also indicated that they had a short temper, a low self-esteem, were heartbroken, worry a lot or cautious when doing certain stuff in case they hurt themselves, were happy to be alive and concerned about how people see/judge them. There are also those who felt they were lucky to be alive, they reported that they were happy to be alive despite the struggles they were going through. According to Bhandari, Busse, Hanson, Leece, Ayeni and
Schemitsch (2008), psychological distress in patients who have sustained musculoskeletal trauma is higher than the normal levels and needs to be addressed in the affected individuals as it adversely affects the HRQoL. This is an indication of the importance of psychologists’ role in the multidisciplinary team that manages the patients with pelvic fractures.

The findings of this study clearly demonstrate that patients with pelvic fractures tend to present with persistent impairments, activity limitations and participation restrictions even beyond two years post pelvic fracture. These findings are similar to findings by Ratzon, Ari, Froom, Friedman and Amit (2013), who reported significant functional limitations and disability following pelvic fractures caused by MVA.

From this study, it was also found that most of the participants presented with low vitality that was reported as a feeling of tiredness or exhaustion especially during performance of certain activities. This impacts negatively on the participants as the majority is young adults and they still have to earn a living and be involved in the community. The young adults are the working group and they find themselves not being able to continue with their employment. Some of the jobs require lifting of heavy objects and working hard, especially labourers, which the participants found themselves not being able to do due to pain, lack of strength, and poor vitality. This leads to a sedentary life in the participants as they cannot lead an active life due to the challenges they are faced with. The findings of the study are consistent with findings by Holtslag et al. (2006), which reported that almost half of the patients could not return to work and most could not continue with their sport activities following lower limb injuries. Furthermore, Holtslag et al. (2006) also reported a worse HRQoL in patients with lower limb injuries in relation to physical function, role-physical, vitality, and social function.

Disability persists following lower limb fractures and that includes mobility, household management, work, recreation and social interaction according to Holtslag et al. (2006). These findings are also consistent with Borg et al., (2010), as they found that patients with orthopaedic injuries experience persistent disabilities that include physical, psychological, social, occupational and financial components. Slobogean et al., (2012) found that mobility and employment difficulty, emotional stress, sleep and anxiety and sexual function were rated the most affected domains following pelvic trauma.

This study also found that almost half of the participants experience urinary incontinence with males affected more than the females. The urinary incontinence included inability to hold urine
for long periods of time, frequency that is higher than usual, discomfort with voiding, and pain. According to Hessmann et al., (2010), men are more prone to sustaining urogenital injuries than women with most complications following urethral disruption being incontinence and impotence. Furthermore, urethral strictures were the most common cause of micturition dysfunction (Hessmann et al., 2010). This is important for physiotherapists to know so that early referral and further management may be facilitated to improve the QoL of patients with incontinence post-pelvic fracture.

One fifth of the participants in this study had reported bowel incontinence which presented as constipation and inability to void the bowel completely. These findings are consistent with those of Baessler et al., (2004), who reported an increase in the incidence of incomplete bowel emptying and faecal urgency after pelvic trauma. Dieticians should be playing a big role in advising on dietary adjustments and fibre supplements even though in this present study dieticians were involved in only 2.1% of the patients. This may further be explored in future studies and possibly inform physiotherapists to consider evidence-based massage and biofeedback therapy within the undergraduate curriculum for assisting patients to void their bowel.

5.4 Conclusions

From this study it is clear that all participants presented with a poor QoL following pelvic fractures as compared to before sustaining a pelvic fracture. The pelvic fractures also lead to people not being able to participate fully in their homes and society. People who have sustained pelvic fractures have difficulties in making their own income as they cannot continue with their jobs due to disabilities, activity limitations and participation restrictions. Sports and recreation also gets affected in a negative way. There is no clear indication of psychological/emotional and occupational intervention in the patients following pelvic fractures in the Tshwane academic hospitals according to findings of this study. There is no proper guideline documented that is directed at the orthopaedic management of pelvic fractures. There is also no guideline documented for managing and rehabilitating patients post pelvic fractures.

According to this study physiotherapy did improve the QoL of the participants. However, the participants still present with a lot of impairments, functional limitations and participation restrictions. This might suggest that the Physiotherapists need to own up to being the first line
practitioners and strive to render a better service that is aimed at reducing these disabilities. Physiotherapy rehabilitation does not seem to be prioritised for the patients with pelvic fractures even though they pose a greater challenge due to their complexity.

5.5 Recommendations

**Physiotherapy Profession:** EAC protocols of rehabilitation following pelvic fractures should be adopted by the Physiotherapists to minimise residual disabilities post pelvic fractures. Physiotherapist have to be reminded about their first line practitioner state so that they can show commitment to the patients and strive to better the lives of the affected individuals. Future physiotherapy specific studies are encouraged to ensure evidence-based practice when managing and rehabilitating patients post-pelvic fractures.

**Multi-disciplinary team:** Rehabilitation involving a multi-disciplinary approach is crucial in promoting a better quality of life following pelvic fractures as these patients also have associated injuries, psychological, emotional and social problems. A multi-disciplinary team that is inclusive of dietitians, occupational therapists, social workers and psychologists in the rehabilitation of patients who had sustained pelvic fractures is recommended. Patient centred care and family centered care should further be explored for the benefit of individual patients post-pelvic fracture as the patients also have psychological, emotional and social aspects that affect them.

**Research:** Further studies to develop the management guidelines (multi-disciplinary) and outcome measurement tools specific for patients with pelvic fractures should be done.

**Physiotherapy curriculum:** the curriculum pertaining to the pelvic fractures at higher institutions of learning, needs to be updated to ensure that all aspects of impairments, activity limitations and participation restrictions as found in the study are reduced as much as possible. The importance of this has to be reinforced in the training of student Physiotherapists as they are the future professionals.
5.6 Limitations of the study

The HRQoL could not be assessed in relation to the type of a pelvic fracture sustained by each participant due to the fact that the classification of pelvic fractures was not indicated in the medical records. Furthermore, medical records were not properly organised in the hospitals. Medical records had missing pages and lots of missing information which made it difficult to conduct research. A prospective study may better inform current practice.
References


## APPENDIX 1: Data Collection Sheet

### PROFILE OF PATIENTS WITH PELVIC FRACTURES

Hospital: ---------------------------------------------

<table>
<thead>
<tr>
<th>A. Demographic data</th>
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<tbody>
<tr>
<td>1. Registration number</td>
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<tr>
<td>2. Patient Hospital classification</td>
</tr>
<tr>
<td>3. Date of admission in hospital</td>
</tr>
<tr>
<td>4. Address</td>
</tr>
</tbody>
</table>
| 5. Telephone numbers:  
  ● Patient’s  
  ● Next of kin’s |  
| 6. Race  
  1 = Black  
  2 = White  
  3 = Indian  
  4 = Coloured  
  5 = Other: |  
| 7. Marital status  
  1 = single  
  2 = married  
  3 = divorced  
  4 = widowed |  
| 8. Gender  
  1 = M  
  2 = F |  
| 9. Age |  

| 10. Weight |                  |
| 11. Height |                  |
| 12. Doctor in charge |                  |
| 13. Patient’s diagnosis | 1 = 1 single fracture of pelvis  
                           | 2 = multiple fractures of pelvis  
                           | 3 = pelvic # and other fractures, specify: |
| 14. Pelvic Fracture classification (according to X-rays, CT scans or MRI) | 0 = Not documented  
                           | 1 = Tile A  
                           | 2 = Tile B  
                           | 3 = Tile C |
| 15. Cause of injury | 1 = MVA (passenger)  
                        | 2 = MVA (driver)  
                        | 3 = MVA (pedestrian)  
                        | 4 = Motor Bike Accident  
                        | 5 = fall from a height  
                        | 6 = gunshot  
                        | 7 = other |
| 16. Associated injuries | 0 = None  
                            | 1 = Urology  
                            | 2 = Neurology  
                            | 3 = Musculoskeletal injuries  
                            | 4 = Cardiovascular  
                            | 5 = Cardiothoracic |
| 17. Other Medical history | 0 = None  
| | 1 = Diabetes  
| | 2 = Hypertension  
| | 3 = Psychiatric  
| | 4 = Cardiac  
| | 5 = Other, specify:  
| | 6 = Visceral: specify  
| | 7 = Other, specify:  
| | 8 = Other, specify: |

**Section B. In-patient Management**

| 1. Medical management | 1 = Medication  
| | 2 = Bed-rest  
| | 3 = Skin traction  
| | 4 = Skeletal traction  
| | 5 = Urinary catheter  
| | 6 = Other, specify  

| 2. Surgical management: | 0 = None  
| | 1 = Internal fixator  
| | 2 = External fixator  
| | 3 = 2 or more surgery codes, specify:  
<p>| | Orthopaedic |</p>
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</table>
| **Urology** | 0 = None  
1 = Bladder repair  
2 = Other |
| **Other: Specify** |   |
| **3. Rehabilitation team** | 1 = Physiotherapy  
2 = Occupational Therapy  
3 = Orthotist and prosthetist |
| **4. Social work** | 1 = Yes  
0 = No |
| **5. Psychologist** | 1 = Yes  
0 = No |
| **6. Urologist** | 1 = Yes  
0 = No |
| **7. Other** | 1 = Yes: Specify-----------------------------  
0 = No |
| **8. Physiotherapy frequency** | 0 = None  
1 = Once only  
2 = 1x daily  
3 = 2x daily  
4 = 1x weekly  
5 = Never  
6 = Other specify:_________________________ |
| **9. Physiotherapy duration** | 0 = None  
1 = 1 week  
2 = 2 weeks  
3 = 3 weeks  
4 = 4 weeks  
5 = Other: specify: |
<table>
<thead>
<tr>
<th>9. Physiotherapy documented intervention</th>
<th>Specify:</th>
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**Date of discharge from hospital**

**Discharge summary:**
- Orthopaedics
- Urologist
- Physiotherapy
• Other: specify
APPENDIX 2: HRQoL Questionnaire

Quality of Life Questionnaire (adapted from the 15 D HRQoL questionnaire by Sintonen, 2001)

Choose an answer which best describes your present status and mark with an X only one answer to each.

Mobility:

[1] I am able to walk normally (without difficulty) indoors, outdoors and on stairs.

[2] I am able to walk without difficulty indoors, but outdoors and/or on stairs I have slight difficulties.

[3] I am able to walk without help indoors (with or without an appliance), but outdoors and/or on stairs only with considerable difficulty or with help from others.

[4] I am able to walk indoors only with help from others.

[5] I am completely bed-ridden and unable to move about.

Elaborate-------------------------------------------------------------------------------------
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Sleeping:

[1] I am able to sleep normally, i.e. I have no problems with sleeping.

[2] I have slight problems with sleeping, e.g. difficulty in falling asleep, or sometimes waking at night, inability to sleep on affected side.

[3] I have moderate problems with sleeping, e.g. disturbed sleep, or feeling I have not slept enough.

[4] I have great problems with sleeping, e.g. having to use sleeping pills often or routinely, or usually waking at night and/or too early in the morning.

[5] I suffer severe sleeplessness, e.g. sleep is almost impossible even with full use of sleeping pills, or staying awake most of the night.

Elaborate-------------------------------------------------------------------------------------
Sitting

[1] I am able to sit without problems i.e. sitting on the chair or floor
[2] I have slight problems with sitting
[3] I have moderate problems with sitting
[4] I have great problems with sitting
[5] I am no able to sit at all

Elimination: (Urinary function)

[2] I have slight problems with my bladder function, e.g. difficulties with urination.
[3] I have marked problems with my bladder function, e.g. occasional ‘accidents’.
[4] I have serious problems with my bladder function, e.g. routine ‘accidents’, or need of catheterization.
[5] I have no control over my bladder function.

Elimination: (Bowel function)

[2] I have slight problems with my bowel function, e.g. loose or hard bowels.
[3] I have marked problems with my bowel function, e.g. occasional ‘accidents’, or severe constipation or diarrhoea.
[4] I have serious problems with my bowel function, e.g. routine ‘accidents’, or need of enemas.
[5] I have no control over my bowel function.

Usual activities

[1] I am able to perform my usual activities (e.g. employment, studying, housework, free-time activities, washing oneself, caring for body parts, dressing and looking after one’s health) without difficulty.

[2] I am able to perform my usual activities slightly less effectively or with minor difficulty.

[3] I am able to perform my usual activities much less effectively, with considerable difficulty, or not completely.

[4] I can only manage a small proportion of my previously usual activities.

[5] I am unable to manage any of my previously usual activities.

Discomfort and symptoms

[1] I have no physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

[2] I have mild physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

[3] I have marked physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

[4] I have severe physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

[5] I have unbearable physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

Depression:

[1] I do not feel at all sad, melancholic or depressed.
[2] I feel slightly sad, melancholic or depressed.
[3] I feel moderately sad, melancholic or depressed.
[4] I feel very sad, melancholic or depressed.
[5] I feel extremely sad, melancholic or depressed.

Elaborate-----------------------------------------------------------------------------------------
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**Distress:**

[1] I do not feel at all anxious, stressed or nervous.
[2] I feel slightly anxious, stressed or nervous.
[3] I feel moderately anxious, stressed or nervous.
[4] I feel very anxious, stressed or nervous.
[5] I feel extremely anxious, stressed or nervous.

Elaborate-----------------------------------------------------------------------------------------
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**Vitality:**

[1] I feel healthy and energetic.
[2] I feel slightly weary, tired or feeble.
[3] I feel moderately weary, tired or feeble.
[4] I feel very weary, tired or feeble, almost exhausted.
[5] I feel extremely weary, tired or feeble, totally exhausted.

Elaborate-----------------------------------------------------------------------------------------
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Sexual activity:

[1] My state of health has no adverse effect on my sexual activity.
[3] My state of health has a considerable effect on my sexual activity.

Elaborate

How has your Quality of life been since you sustained the pelvic fracture?

[1] Poor
[2] Fair
[3] Good
[4] Excellent

Elaborate

Is your Quality of life better than before you had the pelvic fracture?

[1] Yes
[2] No

Which physiotherapy treatment did you receive in hospital: You can choose more than one answer

[1] None
[2] Lower limb exercises
[3] Keggels exercises or ‘Pelvic floor muscles’ exercises
[5] Stair climbing exercises

[6] Other: Specify

At discharge, did the Physiotherapist give you home exercises/program or advice?

[1] Yes

[2] No

If yes, elaborate if you managed to do the exercises or not at home.

During your hospital stay were you treated by the: (You can choose more than one answer)

[1] Psychologist

[2] Urologist

[3] Social worker

[4] Doctor

[5] Nurse

[6] Physiotherapist

[7] Other: Specify

Are you attending or have you been attending Physiotherapy as out-patient after discharge from hospital?

[1] Yes

[2] No

If you answered “Yes” above, indicate the Physiotherapy treatment you are receiving or received: (You can choose more than one answer):

[1] None

[2] Lower limb exercises
[3] Keggels exercises or ‘Pelvic floor muscles’ exercises
[6] Stair climbing exercises
[7] Other: Specify

How often do you attend Physiotherapy as an outpatient?
[1] I do not attend
[2] Once a week
[3] Once a month
[4] 2x a month
[5] Other: specify

If you stopped attending Physiotherapy, for how long did you attend?
[1] 1 week
[2] 1 month
[3] 2 months
[4] 3 months
[5] 4 months
[6] Other: specify

How is your Quality of life since you started with physiotherapy?
[1] Poor
[2] Fair
[3] Good
[4] Excellent

Elaborate
### Section A: Sociodemographic Data Sheet

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<td>Address &amp; type of housing</td>
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<td>2 = F</td>
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<td>1 = single; 2 = married; 3 = divorced; 4 = widowed</td>
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<td>What do you do for a living?</td>
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<td>Do you have children?</td>
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<td>How many</td>
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<td>Sources of Income</td>
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<td>Associated injuries</td>
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<td>0 = None, 1 = Urology, 2 = Neurology, 3 = Musculoskeletal injuries, 4 = Cardiovascular, 5 = Cardiothoracic, 6 = Visceral: specify</td>
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<td>1 = 1 single fracture of pelvis</td>
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<td>2 = multiple fractures of pelvis</td>
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<td>3 = pelvic # and other fractures, specify:</td>
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<td>Investigations</td>
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<td>Eg. X-rays, CT scan, MRI etc</td>
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<td>Other Medical history</td>
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<td>0 = None</td>
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<td>1 = Diabetes</td>
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<td>2 = Hypertension</td>
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<td>3 = Psychiatric</td>
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<td>4 = Cardiac</td>
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<td>5 = Other, specify:</td>
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Section B: In-depth Interview Questions:

1. I understand you had a fracture of the pelvis……kindly tell me more…..Tell me about how you got injured? What injured you?
2. When was that?
3. When were you admitted in hospital? Which hospital?
4. Tell me about the injuries you sustained?
5. How long did you stay in the hospital?
6. Tell me about the treatment of your pelvis in the hospital……who treated you and how?
   **Probe:**
   Did a Physiotherapist treat you? Please tell me more… were you given exercises to do at home after discharge….how did that go …..?
7. Were you booked for outpatient patient treatment?
   **Probe:** what about Physiotherapy/ rehabilitation?
8. How has the pelvic fracture change your life?
   **Probes:**
   Mobility; Sleeping, Sitting, Urinary function, Bowel Movement, Daily Activities, Social Relations, Family Relations
9. How did Physiotherapy change your life?
10. Sometimes people complain about pain and discomfort after the injury……can you tell me about how you are feeling
11. May you kindly tell me about any changes you are experiencing pertaining to sexual activity since the fracture
12. Tell me about the quality of your life since the fracture
13. May be I did not ask everything…..Is there anything else that you wanted to tell me about before we close our session?
APPENDIX 4: Profile of participants with pelvic fractures (n=20)

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<th>Participant</th>
<th>Age</th>
<th>Gender</th>
<th>Martial status</th>
<th>Cause of injury</th>
<th>Pelvic Injury / Diagnosis</th>
<th>*Associated injuries</th>
<th>Management</th>
<th>Physio</th>
<th>Hospital stay (days)</th>
<th>Years post injury</th>
<th>Perceived QoL</th>
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<td>Male</td>
<td>Married</td>
<td>Driver MVA</td>
<td><strong>R Sup Pubic Ramus</strong> (polytrauma)</td>
<td><strong>R distal radius #, L knee wound with decreased extensor mechanism</strong></td>
<td>Medication, bed rest, skin traction, B/E POP, A/K POP</td>
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<td>Poor</td>
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<td>Male</td>
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<td>Passenger MVA</td>
<td><strong>L pubic ramus # (multiple)</strong></td>
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<td>Medication, bed rest, urinary catheter</td>
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<td>16</td>
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<td>Single</td>
<td>Motor bike</td>
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<td>Medication, bed rest, urinary catheter</td>
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<td>Single</td>
<td>Passenger MVA</td>
<td><strong>Pubic ramus</strong> (single)</td>
<td>pneumothorax and ruptured diaphragm</td>
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<td>67</td>
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<td>58</td>
<td>Male</td>
<td>Widow</td>
<td>Passenger MVA</td>
<td><strong>Sup pubic rami #, SIJ widening.</strong> (polytrauma)</td>
<td>L intertrochanteric femur #, L &amp; R rib #s, lung contusion</td>
<td>Medication, bed rest, urinary catheter, intubation, <strong>ORIF pelvis</strong>, <strong>ORIF femur</strong></td>
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<td>48</td>
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<td>Good</td>
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<td><strong>R inf pubic ramus # (polytrauma)</strong></td>
<td>L4 vertebral body #</td>
<td>Medication, bed rest, corset for back</td>
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<td>Passenger MVA</td>
<td><strong>R rami # (polytrauma)</strong></td>
<td>multiple rib #s, pneumothorax</td>
<td>Medication, bed rest, urinary catheter, ICD</td>
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<td>Driver MVA</td>
<td>Open book # (polytrauma) tibial plateau #, L hip disloc, degloving wound on R thigh, tibial plateau #</td>
<td>Medication, bed rest, skin traction, skeletal traction, urinary catheter, ORIF pelvis, L hip &amp; tibial plateau, skin graft</td>
<td>Yes</td>
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<td>Fair</td>
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<td>Male</td>
<td>Married</td>
<td>Driver MVA</td>
<td>Open book #, unstable bil R &amp; L inf &amp; sup pubic rami #s, L SIJ disruption, (polytrauma)</td>
<td>L femur condyle #, bladder rupture, L femur condyle #</td>
<td>Medication, bed rest, skeletal traction, urinary catheter, bladder repair, internal fixator &amp; external fixator for pelvis, bladder repair</td>
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<td>Male</td>
<td>Divorced</td>
<td>Passenger MVA</td>
<td>pelvic # stable (single)</td>
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<td>Medication, bed rest, urinary catheter</td>
<td>No</td>
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<td>Fair</td>
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<td>Male</td>
<td>Single</td>
<td>Driver MVA</td>
<td>pubic ramus #, iliac #, coccyx #, (polytrauma)</td>
<td>R femur #, tib fib #, lung contusions, R haemothorax</td>
<td>Medication, bed rest, skin traction, skeletal traction, urinary catheter, external fixator fibular, IMN femur, ORIF pelvis</td>
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<td>Fair</td>
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<td>pelvic # (polytrauma) urethral injury posteriorly</td>
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<td>Medication, bed rest, urinary catheter, ORIF pelvis</td>
<td>Yes</td>
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<td>7 yrs 4mths</td>
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<td>Married</td>
<td>Driver MVA</td>
<td>pelvic # (polytrauma)</td>
<td>R femur #, R metatarsal # displacement</td>
<td>Medication, bed rest, skin traction, urinary catheter, bil B/K POP, ORIF femur, k-wires toes, external fixator for pelvis</td>
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<td>Poor</td>
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<td>P14</td>
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<td>Female</td>
<td>Single</td>
<td>Pedestrian MVA</td>
<td>pelvic # (ant &amp; post rami #, SIJ involvement) (polytrauma)</td>
<td>L femur #</td>
<td>Medication, bed rest, skeletal traction L femur, urinary catheter, ORIF pelvis &amp; SIJ screw</td>
<td>Yes</td>
<td>17</td>
<td>2 yrs 7mths</td>
<td>Fair</td>
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<td>P16</td>
<td>46</td>
<td>Female</td>
<td>Single</td>
<td>Pedestrian MVA</td>
<td>vertical compression #, minimally displaced R sup &amp; inf rami #, undisplaced # R sacral ala extending to the R SIJ (polytrauma)</td>
<td>open disloc R thumb</td>
<td>Yes</td>
<td>3</td>
<td></td>
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</tr>
<tr>
<td>P17</td>
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<td>Female</td>
<td>Married</td>
<td>Pedestrian MVA</td>
<td>R inf pubic ramus (single)</td>
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<td>Pedestrian MVA</td>
<td>pubic rami # polytrauma</td>
<td># L clavicle, # mandible</td>
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<td>Male</td>
<td>Married</td>
<td>Train accident</td>
<td>open book #, bilateral sup &amp; inf pubis rami #, diastasis of both SIJ, L &amp; R sacral wing #s, (polytrauma)</td>
<td>bladder injury, L foot drop, amputated R foot</td>
<td>Yes</td>
<td>29</td>
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<td>P20</td>
<td>66</td>
<td>Female</td>
<td>Single</td>
<td>Shaft fell on her</td>
<td>Pelvic # (R SIJ disruption, R pubic ramus #) (multiple)</td>
<td></td>
<td>Yes</td>
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APPENDIX 5: Sources Clustered by Word Similarity

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<th>Pearson correlation coefficient</th>
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APPENDIX 6A: Consent Form (English)

SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY ENGLISH CONSENT FORM

Statement concerning participation in a Research Study.

Name of Study:

HEALTH RELATED QUALITY OF LIFE OF PATIENTS POST PELVIC FRACTURE MANAGED AT THE TSHWANE ACADEMIC HOSPITALS

I have read the information on /heard the aims and objectives of the proposed study and was provided the opportunity to ask questions and given adequate time to rethink the issue. The aim and objectives of the study are sufficiently clear to me. I have not been pressurized to participate in any way.

I am aware that this material may be used in scientific publications which will be electronically available throughout the world. I consent to this provided that my name / and hospital number is / are not revealed.

I understand that participation in this study is completely voluntary and that I may withdraw from it at any time and without supplying reasons. This will have no influence on the regular treatment that holds for my condition neither will it influence the care that I receive from my regular doctor.

I know that this study has been approved by the Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC), Sefako Makgatho Health Sciences University / Dr George Mukhari Hospital/ Kalafong Hospital and Steve Biko Academic Hospital. I am fully aware that the results of this study will be used for scientific purposes and may be published. I agree to this, provided my privacy is guaranteed.

I hereby give consent to participate in this Study.

............................................................  ........................................................
Name of patient/ participant                      Signature of patient or guardian.

Place. Date. Witness

Statement by the Researcher

I provided verbal and/or written information regarding this Study
I agree to answer any future questions concerning the Study as best as I am able.
I will adhere to the approved protocol.

............................................................  ............................................................  ....................................
Name of Researcher                      Signature                      Date                      Place
APPENDIX 6B: Consent Form - Setswana

SEFAKO MAKGATHO HEALTH SCIENCE UNIVERSITY SETSWANA CONSENT FORM

Seteitemente se se ka ga go tsaya karolo mo Patlisisong.

Leina la Patlisiso:
HEALTH- RELATED QUALITY OF LIFE OF PATIENTS POST PELVIC FRACTURES IN THE TSHWANE ACADEMIC HOSPITALS, PRETORIA, SOUTH AFRICA

Ke buisitse tshedimosetso mo /ke utlwile maithlomo le mai kemisetso a patlisiso e e tshitshintsweng mme ke filwe tšhono ya go botsa dipotso le go fiwa nako e e lekaneng ya go akanya gape ka nthla e. Maithlomo le mai kemisetso a patlisiso e a thaloganyega sentle. Ga ke a patelediwa ke ope ka tsela epe go tsaya karolo.

Ke thaloganya gore go tsaya karolo mo Patlisisong e ke boithaopo le gore nka ik bogela morago mo go yona ka nako nngwe le nngwe kwa ntle ga go neela mabaka. Se ga se kitla se nna le seabe sepe mo kalafong ya me ya go le gale ya bolwetsi jo ke nang le jona e bile ga se kitla se nna le thotlheletso epe mo tlhokomelong e ke e amogelang mo ngakeng ya me ya go le gale.

Ke a itse gore Patlisiso e e rebotswe ke Patlisiso le Moloa wa Maitsholo ya Sefako Makgatho Health Sciences University (SMUREC), Yunibesithi ya Sefako Makgatho Health Sciences University) / Bookelo jwa Ngaka George Mukhari/ Bookelo jwa Steve Biko/ Bookelo jwa Kalafong. Ke itse ka botlalo gore dipholo tsa Patlisiso di tla dirisetswa mabaka a saentifiki e bile di ka nna tsa phasaladiwa. Ke dumelana le seno, fa fela go netefadiwa gore se e tla nna khupamarama.

Fano ke neela tumelelo ya go tsaya karolo mo Patlisisong e.

.................................................................................................................................
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Leina ka molwetse/moithaopi Tshaeno ya molwetse kgotsa motlamedi.

Lefelo. Lethla. Paki

.................................................................................................................................

Seteitemente ka Mmatlisisi

Ke tlametse tshedimosetso ka molomo le /kgotsa e e kwadilweng malebana le Patlisiso e.
Ke dumela go araba dipotso dingwe le dingwe mo nakong e e tlang tse di a manang le Patlisiso ka moo nka kgonang ka teng.
Ke tla tshegetsa porotokolo e e rebotsweng.

Leina la Mmatlisisi Tshaeno Lethla Lefelo
APPENDIX 6C: Consent Form - IsiZulu

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Igama loCwaningo:

HEALTH- RELATED QUALITY OF LIFE OF PATIENTS POST PELVIC FRACTURES IN THE TSHWANE ACADEMIC HOSPITALS, PRETORIA, SOUTH AFRICA

Ngilufundile ulwazi/ ngizizwile izinhloso nezijnjongo zocwangingo oluhlongozwini futhi nganikezwa nethuba lokubuza imibuzo nganikezwa nesikhathi esanele sokuphinde ngicabange ngodaba. Inhloso nenjongo yocwangingo kucace ngokwanele kimi. Azange ngicindezelwe ukuthi ngihlanganyele nganoma iyiphi indlela.

Ngiyaqonda ukuthi ukuhlanganyela kulolu Cwaningo yoHlolo ngokukuzithandela ngokuphelele nokuthi ngingahoxa kulo noma nini ngaaphandle kokunikeza izizathu. Lokhu angeke kube nomthelela ekwelashweni okuvamile kwezimo sami futhi angeke kube nomthelela ekunakekelweni engikuthola kudokotela wami ovamile.

Ngiyazi ukuthi lolu Cwaningo lugunyazwe yi-Sefako Makgatho Health Sciences University Research Ethics Committee (SMUREC), Sefako Makgatho Health Sciences University / Dr George Mukhari Academic Hospital/ Steve Biko/ Kalafong hospital. Nginolwazi olugcwele lokuthi imiphumela yalo Cwaningo izosetshenziselwa izinhloso zesayensi futhi ingashicilelwa. Ngiyakuvuma lokhu, uma nje ingasese lami liqinisekisiwe

Lapha nginikeza imvume yokuhlanganyela kulolu Cwaningo.

.......................................................... ..........................................................
Igama lesiguli/levolontiya Isignesha yesiguli noma yomgadi.

.......................................................... ..........................................................
Indawo. Usuku. Ufafaki

Isitatimende somCwaningi

Nginikezele ngolwazi ngomlomo kanye/ noma olubhaliwe maqondana nalolu Cwaningo. Ngiyavuma ukupendula nanoma yimiphi imibuzo yesikhathi esizayo maqondana noCwaningo kahle kakhulu kangangoba ngikwazi. Ngizobambelela kusivumelwano senqubo esigunyaZiwe

Igama loMcwangingi Isignesha Usuku Indawo
APPENDIX 7: Phase 2 In-depth interview guide Consent Form

I want to thank you for taking the time to meet with me today.

My name is [Ntombenkosi Sobantu] and I would like to talk to you about your experiences following the fracture of your pelvis. This will assist us to draw up a framework for improving the treatment for people who will be presenting with fractures of the pelvis in our hospitals.

The interview should take about an hour. I will be taping the session because I don’t want to miss any of your comments. Although I will be taking some notes during the session, I can’t possibly write fast enough to get it all down. Because we’re on tape, please be sure to speak up so that we don’t miss your comments.

All responses will be kept confidential. This means that your interview responses will only be shared with research team members and we will ensure that any information we include in our report does not identify you as the respondent. Remember, you don’t have to talk about anything you don’t want to and you may end the interview at any time.

Are there any questions about what I have just explained?

Are you willing to participate in this interview?

________________________  ______________________  ______________
Interviewee             Witness             Date
APPENDIX 8: Sample Letter

The Chief Executive Officer
Dr George Mukhari Hospital
PRETORIA
0001

Dear Sir/Madam

Request to conduct a research study at Dr George Mukhari Academic Hospital

**Title of study:** HEALTH-RELATED QUALITY OF LIFE OF PATIENTS POST PELVIC FRACTURES IN THE TSHWANE ACADEMIC HOSPITALS, PRETORIA, SOUTH AFRICA

I, the researcher, am a 2nd year Masters student in Physiotherapy undertaking a research project for a post graduate research module. I therefore request ethical approval to conduct my research study at Dr George Mukhari Hospital.

The objectives of the study are:

- To determine the socio-demographic profile of patients post pelvic fractures in the Tshwane academic hospitals from 2008 to 2012.
- To determine the type of management of pelvic fractures from hospital admission to discharge.
- To determine their HRQoL.
- To establish an association between socio-demographic data and HRQoL.
- To establish an association between the type of management of the patients and HRQoL.
- To determine the participants’ perspective on their quality of life and hospital management.

A participant information leaflet has been attached in order to reflect the nature of the study.

Hope that the request will be positively considered.

Yours faithfully.

_____________________
Ms Ntombenkosi Appears Sobantu
APPENDIX 9: Information Sheet

Dear Participant

Good morning and thank you for taking time to talk with me.
My name is Ntombenkosi Sobantu, I am a lecturer at SEFAKO MAKGATHO HEALTH SCIENCES UNIVERSITY and I am registered with the Sefako Makgatho Health Sciences University – Sefako Makgatho Health Sciences University Campus for a Masters degree in Physiotherapy.
I am involved in student training and have been supervising students in Orthopaedics for almost nine years. I have realised that the Physiotherapists have been treating or rehabilitating patients with pelvic fractures but there is no evidence of the impact they are making in the lives of these patients.
So I am doing a study to establish the Health Related Quality of Life of people after they had been managed for pelvic fractures in the Tshwane Academic hospitals.
I would like you to participate in the study, with the hope that the findings of the study might impact the Quality of health care service at the Tshwane Academic hospitals.
If you agree to participate, you will be invited over to a hospital of your choice from the 3 hospitals (Dr George Mukhari, Steve Biko Academic or Kalafong Hospital), or I will come to place of your choice like your home or your workplace, at a time that suits you best. An interview that will take about 45 – 60 minutes will be done and it will be recorded. The information given through the interview will be kept private; no part will be reproduced except for the purpose of the study. Your taking part in this study is voluntary, you can choose not to participate and will not be discriminated.

If you have any queries, more information may be obtained from Miss NA Sobantu at telephone number (012) 521 4328 or (012) 521 5828.
If you are willing to participate in the study please sign the attached consent form.

Thank you

Miss NA Sobantu
(Lecturer: Physiotherapist)
APPENDIX 10: Time Line

<table>
<thead>
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<tr>
<td>Approval and certification</td>
<td>February 2014</td>
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<tr>
<td>Approval from Hospitals</td>
<td>June 2014</td>
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<tr>
<td>Data collection (medical records)</td>
<td>July 2014 - December 2014</td>
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<tr>
<td>Capturing of data (medical records)</td>
<td>January - March 2015</td>
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<tr>
<td>Indepth interviews (Data collection for Phase 2)</td>
<td>September 2015 – January 2016</td>
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<tr>
<td>Transcription and translation of voice records</td>
<td>January 2016</td>
</tr>
<tr>
<td>Analysis of Qualitative data</td>
<td>February – March 2016</td>
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<tr>
<td>Write up</td>
<td>March – January 2017</td>
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## APPENDIX 11: Budget

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APPENDIX 12: Indepth Interview Transcripts

TRANSCRIPT 1

INTERVIEWER: I       INTERVIEWER 2: I2       PARTICIPANT: P

I: Mr Seleka.. I understand you had a fracture of the pelvis.. can you tell us more about that fracture that you sustained..?

P: Sometimes when I walk.. I feel pain in the pelvis.. even people who know me.. they tell you that I’m not walking.. because it was.. I walk like..I stumble..

I: Ok.. how did you get injured.. and when was it?

P: I forgot.. it is out of my mind, but it was early in the morning.. i was going to work.. I was riding a motorbike.. so a car was going out of the garage.. there in Soshanguve.. then it.. it didn’t stop, just.. hit me.. then I hit a.. Volkswagen ‘Caravelle’.. and that car ran away..

I: Can you still remember, when was that?

P: Eish I forgot..

I: The year..?

P: It’s out of my mind.. so many things I no longer remember..

I: How many years ago..?

P: It was er...

I: Less than two years..?

P: No.. let’s say four years back..

I: Ok.. and then were you admitted in the hospital after that?

P: Yes I was admitted..

I:Which hospital?
P: I was taken to Odi Hospital, from Odi I was transferred.. less than an hour.. I was transferred to.. Rankuwa.. George Mukhari hey?

I: Mm.. alright.. how long did you stay at Rankuwa?

P: Mmm. More than a.. plus minus two months.

I: Ok.. can you still remember.. at Ga-Rankuwa Hospital, what treatment did they give you, what did they do?

P: They tied me on the bed.. that’s all I can remember..

I: Ok, with those big weights?

P: Yes.. Ward 12.. it was ward 12..

I: Ok.. you were still saying..?

P: They didn’t do anything on my.. on my hand.. I was supposed to go for an operation.. then.. I don’t know what happened.. I didn’t go for an operation.. that’s why I cannot turn.. my wrist cannot turn up..

I: Ok.. they had those weights that were pulling you, isn’t it? Was it just the plaster and the weights?

P: Er.. I had an operation on my.. patella.. and again.. there was no.. Yaa there was a plaster and the weights.. it’s just I have a smallernyana on my head but.. they checked it, it was.. it wasn’t so deep, just a.. smaller cut..

I: Ok.. so there.. who treated you exactly, the nurses, physiotherapists, doctors..?

P: Nurses and doctors.. there was no physio.. because I didn’t go to the physio..

I: Alright.. so you didn’t do any exercises there.. until you got discharged?

P: X-rays.. take this thing out, x-rays.. until I got discharged..

I: Ok.. and then after you were discharged, you were not told to come to hospital? Did you go to the hospital after you were discharged, were you given any dates?

P: Yes, I was given dates.. to come and take out the plaster.. the POP?
I: Oh you also had POP?

P: Yeah.. the plaster.. and on the hand.. both.. here and.. the right hand and the left leg.. POP.. yes I was told to come back and come and take it out.. they took the one on the.. on the hand.. and on the.. on the leg.. then from there.. they didn’t take it back.. they gave me dates again to come and check..

I: So when you had gone to the hospital, did you ever go to physiotherapy.. as an out- patient?

P: They didn’t.. send me to the physio.. the only physio I got was for the.. for the lawyer to just.. for the claim of the.. the RAF.. those assessments.. at the private physio’s..

I: Ohh.. ok.. Since you had this pelvic fracture, how has that changed your life?

P: Mmm.. the job that I was working.. I had to quit.. because it’s security.. I was working in the mall, most of the time I was working in TUT.. when there’s a criminal, you have to run, you have to.. security job, you have to be mentally and physically fit.. so I had to quit because I couldn’t perform those duties..

I: So.. about the other stuff.. about the other stuff that you do maybe.. you talked about how you walk, isn’t it? You said you keep on having a pain and you’re limping ne..

P: Yes..

I: Ok.. and then, sleeping.. do you sleep well?

P: No sleeping, I sleep well..

I: You sleep well, ok.. and sitting, like you’re sitting now on the chair..?

P: Sitting I can sit well, but I cannot bend my knee for a long time.. like when I’m in a taxi, I have to.. maybe sit where I will.. stretch my leg..

I: When it comes to the bladder function.. urinary function.. are you able to empty your bladder well, don’t you have any problems around that area?

P: Yaa in those areas…sometimes when I drink lots of water, I go to the loo time and again..

I: Ok…and bowel movement..? Number 2? You don’t have problems..?

P: Number 2 I don’t have problems..
I: You don’t have problems, ok…and your activities here at home, what do you usually do, the work that you usually do here at home..? Do you have difficulties?

P: Probably nope. There are no stairs, the problem is stairs when I go up..

I: Ok.. and your social relations.. how has that changed at all, maybe.. how you’ve been interacting with people outside.. your friends and whatever..?

P: It’s normal hey…the way it was..

I: And the family relations?

P: And the family relations it’s still normal..

I: Er.. do yo have any.. can you tell me about any changes that you are experiencing pertaining to sexual activity? If you’re looking at before and after.. the injury?

P: I think it’s still normal..

I: Still.. ok.. and the quality of your life.. has it changed.. after this injury?

P: Yes it has changed because I was playing softball.. I’m no longer playing because.. I cannot run.. the way I used to..

I: Ok..

P: And the other thing that I just forgot.. to carry heavy stuff.. with my right.. hand.. it’s a little bit.. abnormal.. If I carry for.. like this tv, I cannot carry it.. I cannot balance it the way I used to..

I: I think these are all the questions that I wanted to find out from you.. but can you tell me.. if there is anything else that you think that I have left, that you needed to make us aware of..?

P: Not at the moment..

I2: Maybe I should find out about the physio.. how was the physio.. that he attended.. privately?

P: Through the lawyer of.. RAF.. I was making my claim.. because they want to make a confirmation.. they send it to their private physio, they send it to..

END.
INTERVIEWER: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: You still feel that you had a fracture at the back.. at the pelvis.. can you just tell us more about it.. how you got injured and.. what injured you?

P: Alright.. it was a.. car accident.. should I tell you.. how it all happened?

I: Yes..

P: Alright.. I remember myself.. after the accident.. just waking up and trying to get myself out of the car.. then I walked.. I think about three steps or something.. then.. I fainted.. then I remember waking up in an ambulance.. and then having another blackout.. then another moment I remember was.. waking up at the hospital.. the first thing I saw.. was the family there.. so.. on my body.. I couldn’t.. I couldn’t feel my.. my toes.. and it was very painful.. down there.. so.. and another thing, my leg.. it was also painful.. so I couldn’t move much.. and my.. my back was also aching.. and.. my.. my pelvis.. yes.. also I couldn’t move it at all.. then I was taken to.. some room where.. they tested my bladder.. if it was damaged or something.. yes.. and then they said it was ok after that.. so.. I managed to.. to sleep.. and I think I woke up the next morning.. in a hospital bed.. so after that.. I was treated there in hospital.. and everything was just going slow..

Ok fine so.. as time went by.. there were.. physiotherapists that came through.. they just exercised my legs.. and all that.. so then later.. as time went by I got discharged.. so I came back home.. but then that time, I was using a wheelchair.. I wasn’t able to walk.. so it took some time.. going through that process of wheelchair.. then there was a moment where.. like when I got home, I couldn’t turn.. when I was in bed, I couldn’t turn to sleep.. the other way, I had to face up.. then one day, it just happened that I found myself waking up.. sleeping on my side.. so.. that thing gave me hope that maybe.. I’m starting to get better.. so I tried getting off the wheelchair.. and started using crutches.. so yes.. when I started using them, I just.. like slowly, started walking, walking, walking slowly while using them.. then eventually, I only got to use one.. as time went by.. then I.. i started.. I left the crutch.. that I was using.. then I walked by myself.. but then that time, I was just limping.. I wasn’t walking properly, but then.. I started doing a few exercises on my own.. just to make my ‘thingie’ stronger.. then.. it just happened as time went.. I was.. I was recovered..
I: Ok…when was that? When did you get injured…which year?

P: Er.. 20.. 2012.. I think, yaa..

I: Do you still remember the month?

P: 2012.. around.. August, I think..

I: August?

P: Yaa around August..

I: Ok.. so which hospital were you admitted in?

P: Erm.. it was.. the Steve Biko..

I: So about the injuries you sustained, you said it was just the pelvis..

P: Yeah it was just.. the pelvis..

I: Can you still remember.. do you feel like it was one side or both sides?

P: Well.. I was told that it was just the left side.. but then.. throughout my pelvis, it was just painful.. yeah, the left and the right.. it was just the same thing..

I: Ok.. so in the hospital then.. how long did you stay?

P: In the hospital?

I: Mm..

P: That er.. I don’t remember.. clearly.. yeah, I cannot really tell..

I: So can we just go back to the treatment that was done for you.. I know you’ve told me of what was done, that you were treated there.. and physio’s also saw you..

P: Yeah..

I: Can you still remember what type of treatment like the doctors did on you?

P: Ok.. no the doctors just came and gave me.. medicine.. like they do regular check-ups every morning.. and they give you medicine.. and yeah.. I think that was it.. then there was an injection.. that they used.. I think it was for the blood flow.. so I got injected on the stomach.. then there was
another injection that was used... they used it on my.. my shoulder.. I think that one.. is for.. to make you sleep.. it was just to help you with the pain so that you can sleep at night.. yaa..

I: Mm... so was there any stage whereby you were put on... when there were weights that were hanging on your legs?

P: I beg your pardon?

I: Was there any time where they put some bandages with the weights that were hanging down them?

P: Er no.. it was just.. that thing that supports your neck.. I don’t know what they call it.. yeah that collar..

I: And so they.. also didn’t operate.. you were just lying on the your back all this time..?

P: I was just lying on my back.. but then er.. I think er.. they weren’t sure about operating me.. but there were a couple of doctors that said I needed operations and what not so.. I don’t know what happened there.. maybe it was because of my progress or something.. I’m not sure..

I: So.. apart from the doctors.. and the physio’s.. who else treated you?

P: Er.. no one.. it was just myself.. no one..

I2: You didn’t see.. psychologist.. dietician or what.. just the doctor and the physio?

P: Yaa..

I: If I go back to physio again.. can you just tell us more about the exercises that were given by.. the physio’s like.. the ones that you were doing in the ward.. were there exercises that you were given to do at home, for instance?

P: Er.. it was just.. exercises on the bed.. that I.. I didn’t get off the bed.. it was just.. stretching my legs.. and all that.. I don’t know..

I: And.. were you given exercises to do at home.. after you were discharged?

P: I just kept on.. trying to do.. the exercises that.. but then they told me that.. i should go see a physio.. here at the.. Ga-Rankuwa Hospital.. yes..

I: How did that go..?
P: There.. I didn’t go er.. yaa..

I: Ok.. so how has this fracture.. changed your life?

P: Hmm well.. er.. I get tired.. er quickly.. and when I.. I don’t run faster than I used to.. like when I.. like I used to do morning jogs.. but then now.. I get worn out too quickly.. erm.. and what else..?

Like whenever I stand for long.. I get tired.. er and.. and what else.. like also during stretches.. it’s.. it’s difficult to do stretches.. and all that yes..

I: I think what you just told us.. you talked about.. the standing.. walking, how is walking hasn’t it changed?

P: I can’t.. I cant really tell.. yaa, I can’t really tell.. maybe it has slightly changed, but then..

I wouldn’t.. I wouldn’t.. know.. exactly how, but then..

I: And sleeping?

P: Sleeping erm.. is ok.. unless maybe.. on a.. like.. a mattress that’s not that soft or something.. then I wake up with.. aches.. on my body..

I: And you have.. do you have any discomfort when you are sleeping, that sometimes wakes you up?

P: I beg your pardon..

I: Some discomfort or pain when you are sleeping that might wake you up?

P: Er no..

I: And sitting..?

P: Sitting.. er sitting is ok ne, but.. like when.. when driving.. yes.. I can’t.. I can’t er.. put my seat upright.. yes I can’t put my seat upright.. I just have to.. recline it back a bit.. so that I can be comfortable.. yeah..

I: And.. urinary function.. bladder-wise..?

P: Er.. that one.. that one er.. on a.. on a normal basis.. well it’s.. it’s fine.. but then er.. let’s say maybe.. I’m drinking or something.. then er.. like I can’t take er.. longer than I used to like.. to hold my urine.. I don’t know if.. if you understand me.. yaa..
I: Mm.. and the bowel movements, number 2..?

P: The.. what’s the.. the bowel?

I: Bowel movement.. number 2..

I2: Number 2.. toilet..

P: Oh-oh.. number 2.. hayi.. that one.. that one now is fine fine, but then before.. I used to feel like.. like there is some bone.. that’s poking me.. like at the back.. yeah.. but then now.. now it’s just ok.. yaa..

I: Activities at home.. are they affected?

P: Er not really..

I: Your social relations?

P: Nah.. that’s.. that’s fine..

I: Family relations..?

P: Er it’s also fine..

I: You don’t usually feel.. depressed.. stress..?

P: Er I don’t think it would be.. because of that.. maybe my own things.. yaa..

I: Alright.. so, with the physiotherapy.. you received some physiotherapy in the hospital.. how did that change your life?

P: Er.. it was.. it was the same.. like.. it was.. just the same.. nothing actually.. maybe just a bit of change but then.. yaa..

I: Some people complain of some pain and discomfort after this.. any that you’ve noticed.. I know you’ve talked about.. being uncomfortable when you are driving.. you recline the chair.. but then is there anything you can say about pain and discomfort.. that you are feeling?

P: Hmm.. I can’t recall any..

I: Any changes in your sexual life?
P: My..?

I: Sexual life..

P: Er I think.. I think it’s ok too.. unless maybe.. erm.. if.. er.. let’s say.. how can I put it? Like there are days when.. maybe I get er.. pains.. on my back.. just below the spine.. yes.. somewhere there.. and sometimes.. I don’t know what’s this part.. this..

I: Groin..?

P: Yaa.. there is also some pain..

I: If we can talk about quality of life.. or your quality of life since your.. you sustained this injury.. is there anything you can round up.. I know you have talked about driving, you have talked about jogging.. but if you can just sum.. how is your quality of life since.. you got injured..?

P: It’s.. it’s just normal.. yaa it’s just normal.. it’s just that.. I just have.. like just a.. slight, slight.. depression.. of this thing and this accident.. like it.. it wasted er.. most of my er.. time.. like er.. via.. er studying.. yaa it affected my studies.. so yaa that's the only..

I: If I can just go.. a bit deeper.. how did it affect your studies?

P: Ok.. I have been out of.. er school.. for.. for long and that time.. my.. my exams were.. the semester tests.. yes they were close.. so I had to skip them.. yeah so I couldn’t attend my work then.. then I had to go.. back to school.. and go trial write my exams.. so I was forced.. I was given like a week.. to study.. for the.. exams.. and know the.. the tests and all that.. so I felt pressure.. so ok.. after writing them.. there were some where I did.. ok.. and some.. things were worse so.. i had to.. to pay huge sums of money just to.. to do the modules again.. so I feel like a lot of money has been used for that.. instead of.. using it for.. the next year.. to pay for those fees..

I: But you did manage to finish your studies ultimately?

P: No I am just.. left with last year.. because I had to pay for those.. debts..

I: If we can just take you back, you said.. sometimes you feel some slight depression.. about all this that has happened.. is it.. how.. can you just tell me more about.. do you like feel extremely sad or.. when you think about it..
P: Yeah when I think about it.. then.. that’s when I feel sad or.. thinking like when I see maybe.. my peers maybe graduating and things like.. I feel like.. that was supposed to be me.. you know.. so.. that’s how yaa..

I: Thank you very much Mr Moeng, but before we close this.. if there is anything else that you have not given.. the information that you think we missed, and you wanted.. to bring out.. you are welcome to do that..

P: Nah…I think.. I think I am done.. with everything..

I: Thank you so much for your time..

P: You are welcome..

I2: Sir, thank you so much for your time.. we appreciate it ne..

P: You are welcome..

I2: Yes..

END.

----------------------------------------------------------------------------------------------------------------
TRANSCRIPT 3

INTERVIEWER: I    INTERVIEWER 2: I2    PARTICIPANT: P

I: You say you had injuries of the pelvis, isn’t it?

P: Yes..

I: You have already said you were driving a motorcycle, isn’t it?

P: Yes..

I: If you can just tell us.. how did it happen and.. when did that happen..

P: It was on.. Sunday.. December 3.. 2012.. I was able to work nightshift that day.. I was working nightshift.. I left here.. I drove from here at home to Pretoria and accident happened when I reached Bok and Walker (streets).. when the accident occurred, there had been rain falling.. there was a four-way robot (traffic light) intersection.. I had the right of way and then, that other driver would go after me.. so when I approached the robot, that driver probably thought I was still far.. when I was in the middle of the intersection, that driver proceeded and knocked me down, hitting the front wheel.. then I fell.. I started feeling pain in my hip.. I also had a bust open chin..

I: So.. were you admitted in hospital?

P: Yes..

I: Ok, which one?

P: Er Tshwane Hospital..

I: What’s that.. Steve Biko?

I2: Tshwane District Hospital..

I: Oh ok..

P: Yes.. and they transferred me to Steve Biko..
I: Ok.. alright.. So can you just tell me about the injuries that you sustained..? I know the pelvis definitely, and you are also saying the back..?

P: Yes..

I: And where else..?

P: The right leg..

I: The right leg..?

P: Yes.. it was painful..

I: Ok.. and how long did you stay in hospital?

P: About..

I: You were there from the 3rd of December..?

P: Yes.. about.. two.. two weeks..

I: Two weeks..?

P: Yes two weeks..

I: When you were in hospital.. they helped you, isn’t it, they treated you? Can you still remember, how did they treat you.. especially the pelvis?

P: Mm.. good!

I: Ok..

P: Yeah the service was excellent.. hundred percent excellent.. the service.. was hundred percent excellent..

I: Ok this is in Steve Biko now, isn’t it? So you were in position.. what position were you sleeping in? Were you facing up.. for two weeks?

P: Yes.. I was facing up for two weeks.. no.. for a week.. facing up.. for a week I couldn’t move on my own.. they treated me.. with injections.. and pills.. yes.. after a week, I started to move.. I could move my body on my own.. this was after a week.. doctors came to check on me.. each and every
day.. they’d come with nurses and checking if I am in pain.. and I would call them when I had pains and they treated me well.. I got everything that a patient might need.. they were very helpful..

I: During the period when you could only sleep facing up, did they tie you down with weights on your legs? You see that plaster that they would fit onto your leg, and pull it down with weights.. was there any such arrangement?

P: No it was not there..

I: It was just you in that position, facing up only..

P: Yes..

I: Didn’t they put pieces of steel in your pelvis?

P: No.. I was just laying flat.. I couldn’t even turn.. I was just in pain..

I: Ok.. Did you have a catheter that time.. for the urine?

P: Yeah they had fitted in..

I: Oh they had put it in?

P: Yes they did..

I: You said in the hospital.. the doctors were helping you.. the nurses were helping you.. who else was helping you? Or was treating you? Did you have the physio’s.. who were helping with the exercises.. or social workers or.. any other doctor?

P: No.. mostly it was nurses.. taking care of us.. doing their shifts.. they would check if I could move.. they would change my positions.. they would turn me.. and they would tell me that I should sometimes try to move my legs.. to turn.. and if I couldn’t, I would press a button and they would come and help me..

I: So the two weeks on your back.. you were not taught how to do exercises in bed..?

P: Yes..

I: No one came to teach you exercises..?

P: No..
I: Ok.. so you were discharged after.. two weeks? They released you to go home..?

P: Yes.. after two weeks, I had begun to move on my own.. I could stand.. and balance.. but the balance was not that good..

I: Were you using crutches?

P: No.. I only used crutches in the ward I was in.. after that I never used crutches.. they discharged me, then I called home and they came and fetched me.. when I left, there was pain between these two bones here at the back.. I would feel pain when walking.. I couldn’t lift things.. I couldn’t pick up a bucket from the floor.. even now, I cant sit down for too long.. and when it rains or when it’s cloudy, I feel pain sometimes.. also I shouldn’t run too much, otherwise I feel a certain heat coming from my spinal cord.. and then I feel a certain pain here at the back..

I: Ok.. so if you can just tell us how the pelvic injury changed your life..

P: Oh it has changed a lot.. a lot.. a lot.. now I can’t bend for more than two hours.. I can’t do that anymore.. and.. I cannot walk long distances anymore.. if I do, I feel pain in my spinal cord.. and sometimes when I jog, I feel a pain in my right leg.. sometimes I feel pain there.. and also when it is cloudy.. even when I drive for a long distance, I can tell by the pain in my spine that I need to rest.. it gets hot.. for example, from here.. recently, I drove from home in Limpopo.. I drove from here to Limpopo but.. I could feel that I was not well, but I had to drive and get home..

I: So.. you spoke about the way you walk now, that it has changed.. even the sitting.. what about sleep?

P: I do sleep well, but.. I have to sleep straight.. sometimes when I sit for a long time, when I stand, I feel a a pain in my back.. and to relieve it, I have to relax and lay on the bed.. to loosen up.. and sometimes when it gets cloudy, I take ‘Painblock’ pills..

I: And then with passing urine and going to the toilet, are there no problems.. since you had a pelvis injury?

P: No..

I: And domestic activities.. you mentioned that you cannot lift things.. are there other things that you can no longer do like before?

P: Yes there are.. I cannot bend or kneel for too long..
I: And.. has it not affected your social life?

P: No..

I: Or with relatives.. your family..

P: No..

I: Sexually.. do you have any problems.. that you are encountering since..?

P: Yaa.. yaa..

I: Can you tell us some more..?

P: My main problem is the spinal cord.. that’s where I feel pain most of the time.. during that time…sometimes it gives me limits.. sometimes I can feel that I have to stop because of it..

I: Ok so it’s just pain at the back, nothing else..?

P: Nothing else..

I: I know I have already asked this but.. I want you to sum up and tell us.. the quality of your life.. how has it changed or how has it been affected by.. your injury..?

P: It has changed because.. I used to work at ADT.. a security job.. most of the time we stand.. it has affected me to the extent that I cannot do that anymore.. I can no longer perform in a job that requires a lot of standing.. I had relied very much on that job you see..

I: I don’t know if I have left anything out.. er Mr Ngobeni.. if there is anything you think I didn’t ask you about or you didn’t tell us.. if there are details you wanted to share about how the injury affected you.. that I may have not asked you.. please tell us before we close our session..

P: Ok.. it’s just the pains most of the time.. that I feel.. and for now, I am trying to look into other ways to better my life.. besides the security job.. maybe simple general work.. plus the long hours were affecting me too much.. we worked twelve hours a day.. and sometimes, it would be cloudy in the morning.. and my spinal cord would be so painful that I couldn’t stand up.. then i would have to call work and tell them that I feels severe pains on my back.. and sometimes they would tell me
to go see a doctor, but I don’t have money at that time for that.. and when I get to work, there would be a lot of arguments about it..

I: So.. just the last question because you have just talked about that.. so.. did you decide to resign at work.. or did they say because you could no longer..?

P: No I decided to resign because also the body could not take it…when I go to consult, the doctor would tell me that I stand for too long.. and that I don’t rest enough.. and that the effect of the accident is still there..

I: Thank you so much Mr Ngobeni..

END.
TRANSCRIPT 4

INTERVIEWER: I INTERVIEWER 2: I2 PARTICIPANT: P

I: I understand that you got a fracture of the pelvis, right?

P: Yes..

I: Can you tell us more about how you got injured and what injured you/

P: It was.. the 30th of May.. 2010.. I was involved in an accident.. a car accident..

I: Ok.. what happened?

P: We were going to.. Zone 7.. in Ga-Rankuwa.. last thing I saw was that the robot was red for us.. but I don’t recall if it went green or when we drove on.. I just woke up to find myself in an ambulance.. then I realised that we must have been in an accident.. I could feel that there things on my body.. then I think I passed out again.. so I woke up again in the hospital.. I didn’t know what happened..

I: Were you the driver?

P: No I was a passenger..

I: Ok.. so.. you were admitted in which hospital?

P: George Mukhari..

I: Ok.. do you still remember.. what injuries did you sustain?

P: The arm.. I got injured on this side.. internal bleeding..

I: Left side..?

P: Yes, left side..

I: And.. at Dr George Mukhari, how long did you stay there?
P: Three months..

I: Three months.. and the treatment that you got.. for specifically, for around this area..

P: Mm..

I: Do you still remember?

P: They gave me pills.. they said they would loosen my blood..

I: Ok..

P: Yes.. that’s what I took..

I: Who treated you there.. the doctor..

P: Doctor..

I: Who else?

P: The nurses..

I: Mm.. physio?

P: Excuse me..

I: Physio’s?

P: Yes.. I saw the physio in Medunsa..

I: Oh you went to the physio..?

P: Yes they took me every morning..

I: Ok.. seeing that you attended physio for the exercises.. at discharge, were you given exercises to do at home?

P: No.. they didn’t give me..

I2: Mama.. let’s go back to number 4.. can you please tell us about your injuries.. please explain to us more about your injuries.. as to where you got injured.. what happened

P: Ok.. I still have problems with.. I got injured on this side..

I2: Mm.. the left hand side..
P: Yes I got injured on the whole side.. and I still have problems even now.. if I work for a long time, my leg swells up.. I can’t hold things properly.. my hand is not well yet.. they since promised to give me an appointment to do an operation to join the bone.. it’s not joined yet.. on the hand.. those are the main problems with my injuries.. my leg sometimes pains.. it would heat up at night as if someone poured hot water over it.. the pain is so severe, it feels like I had a burn.. so it gives me problems.. these are my daily pains..

I2: So this pain that feels like you had a burn, is it only on the arm or the on the leg as well?

P: Also on the leg.. and I can’t lift heavy things with my hand..

I2: And the your leg.. where is it painful?

P: Inside..

I2: Deep inside?

P: Yes..

I2: And then the pelvis..?

P: Yes it does give me problems.. since the accident.. I have problems on my hip..

I2: Can you tell me more about the pelvis.. how does it give you problems? How is the pelvis troubling you?

P: Like.. it is painful here.. if I was to get busy cleaning or something like that.. or stand a bit at the sink.. I start experiencing pain here.. it happens when I wash the dishes or when I clean..

When cleaning.. I have to take breaks and sit down a bit..

I2: Is the pain there all the time? Is it always there?

P: No..

I2: Ok.. can you tell me more about the pain.. as to when it gets worse, when it gets better..?

P: Like.. when I get busy cleaning or working.. that is when it starts.. sometimes when I wake up in the morning, I’d wake up with the pain already there..

I2: And before that, did you have back problems?
P: No.. I was fine.. I could do a lot of work.. I used to do domestic work.. I would do the laundry.. iron.. cleaning.. everything..

I2: Ok mama.. number 5..

I: Ok.. she said she stayed for three months at the hospital..? So that was from which month to which month.. the three months?

P: It was May.. June.. July..

I: Of which year?

P: 2010..

I: 2010..

P: I was discharged in July.. and stayed a week.. at home.. and went back for a month.. the leg.. they had to admit me again..

I: Mm.. so the time..

P: I left in September..

I: Ok.. before you got discharged that week.. did they put you on traction? Do you know traction?

P: No they gave a sock..

I: The sock only?

P: I would wear it.. when they discharged me, I was not walking properly yet.. I would balance on walls.. so when I was at home, my leg swelled up very much.. so I went back to the hospital and they admitted me.. they would elevate it..

I: So you said you were doing exercises with the physio, isn’t it? That was.. you were still on bed at the time.. when doing the exercises.. so.. in the hospital.. isn’t it you were holding on to the wall to walk..

I2: At home, you would walk by leaning against the wall..

P: Yes at the hospital I would balance on tables..
I: Using tables.. were you not given crutches?

P: No..

I: Ok.. you just came back home like that..? So the physio in hospital.. you were doing exercises while you were still in bed.. before they could take you to Medunsa?

P: Yes..

I: Ok.. how long did you do exercises for.. was it a month, a week.. in bed before you went to Medunsa?

P: It was.. two weeks..

I: Ok..

P: Yes they would fetch me on a wheelchair.. to Medunsa and back.. back to the wards.. I was still at the hospital.. during the physio.. they’d take me from the ward to Mednusa and back..

I: Ok.. So can you still remember the exercises you were doing.. at Medinsa?

P: I would do the hand exercises.. holding things.. and the I would walk.. balancing on bars.. walking exercises.. and they would make me lift things..

I: So you attended physio for the rest of the time you were in hospital.. until you were discharged?

P: Yes..

I: Ok.. If we can talk about physio, how did it help you?

P: It helped me because, every day when they returned me to the ward, i would see improvements.. I could take myself to the toilet.. I no longer needed to balance on things when walking..

I: On tables.. ok..

P: I could walk around.. yes..

I: But you said, when you were discharged.. here at home you were holding onto the wall..?

P: Yes.. I started going to Medunsa after I was re-admitted.. do you understand me.. they first discharged me.. then I experienced problems on my leg.. I went back home, where I’d balance on walls

I: So at that time, did you do physio?
I: In the first three months? She went to physio after the first three months..

P: I went to physio after being admitted a second time..

I: So when you admitted in hospital the second time, how long did you stay in hospital.. the first time was three months..

P: A month..

I: Ok.. that was a month.. that is when you started physio..

P: Physio yes..

I: So when you were discharged then.. did you get any exercises to do at home.. that second admission?

P: No..

I: You didn’t.. ok..

P: They only told me to not always be sleeping.. that I must walk around.. train the leg..

I: And did you get anything to support with.. like crutches.. for discharge at that time..

P: No..

I: No.. ok.. were you given a date to go back to physio for treatment?

P: No.. they only gave me the one for check up.. at the hospital..

I: The doctor..?

P: Yes..

I: Ok.. now has this fracture of the pelvis changed your life?

P: Eish.. I cannot work anymore.. there are many changes on me.. I cannot work anymore..I don’t even have a feeling for.. in my personal life.. I am not like I was before.. I don’t perform like I used to.. I don’t even have a yearning for anything..

I: Can you just elaborate more.. you don’t have a yearning anymore..

P: Yes.. sexually.. the feelings are not there.. since..
I: Ok.. you talked about doing some work.. you were saying the back pain and.. what else.. the back pain and what else?

P: My shoulders.. When I would work, I get a pain in my shoulders here..

I: Ok.. and walking.. just walking.. does it give you problems?

P: If I walk a long distance.. my leg gets sore..

I: Any problems when sleeping?

P: No.. I sleep.. when there are no pain, I sleep well.. it is only when I have pains that I do not sleep well.. but I don’t have problems with sleep.. i sleep well..

I: Ok.. and sitting like this.. on a chair?

P: I am not supposed to sit this way for a long time.. I must keep my legs like this..

I: For number 1, do you encounter any problems?

P: I don’t understand..

I: Passing water..

P: No..

I: No problems..?

P: No problems..

I: And number..?

P: No..

I: About social relations.. do you have problems.. you used to have friends.. and people that you associate with.. do you have any problems with them?

P: No..

I: Ok.. family relations.. here at home?

P: No..
I2: Mama.. can I ask this? Before the accident.. your friends.. are they still the same ones.. do you still visit and do all the things you used to do..?

P: No..

I2: It changed?

P: It changed after the accident..

I2: Can you tell us more about what has changed?

P: My closest friends no longer associate with me that much.. we meet after a long time.. like when we meet in social clubs.. we no longer visit and mingle like we used to.. plus one of the friends passed away that I was with.. we no longer.. I see her after a long time.. it used to be the three of us.. so the other one passed away.. so this one I see her after a month when we meet at the society meeting..

I: So here at home.. you say you have got problems.. like you said you have back pains and shoulder pains when you are doing some work.. how does that affect your family? Or how do they react to situations like this..?

P: They are affected by it also.. they do help.. like this child here.. helps me a lot.. because I can’t anymore.. they don’t even let me be by myself for too long, fearing that I might have problems.. sometimes I would call at night telling them that I do not feel well.. so this one came to stay with me here..

I: You said physio exercises helped you a lot.. can you tell us, how did physiotherapy change your life?

P: It helped me because.. I could not do things by myself.. I could not walk properly.. they would exercise me and show me what to do and so on.. even lifting things.. this hand was not this flexible.. so when I was discharged a second time.. I could walk by myself, no longer needing to lean against walls..

I: So you talked about the pain.. that you sometimes feel.. how often do you get it at night?

P: Mostly.. during winter.. that is when it troubles me the most.. it gets painful.. sometimes at night, it can be painful for three times in a week.. three times in a week..
I: And the pain that you feel at night.. is it because maybe you were sitting on a certain side.. or it just comes?

P: No it just comes.. I’d just feel pain.. and I’d complain that my leg is sore..

I: And what do you do then to make it better.. to be able to go back to sleep?

P: They gave me socks.. there is a certain sock that I would wear.. it holds it tight..

I: So it is just pain down there.. not around there.. up..

P: It gets up to here..

I: All the way..?

P: Yes..

I: You talked about.. you said sexually.. you have got problems..

P: Yes..

I: Can you tell us more about that?

P: Since the accident, I have just been by myself.. I do not have a yearning for anything.. I used to have a partner.. but realised that it does not help because I do not feel anything.. so I thought it might be menopause as I am older now..

I: So it was just lack of interest? Nothing that has got to do with pain.. or discomfort..

P: No..

I: Can you tell us a little bit about your quality of life now since.. I know you said so much.. but can you just round up.. how has your quality of life changed.. since you had that accident?

P: What about it?

I: How has your life changed since you had the accident? I know you have mentioned some of the things like your friends.. and sexually but, if you can just round up..

I2: The quality of your life.. how has this accident changed it.. in general.. concerning everything.. your life in general?
P: It has changed because.. as I explained that I can no longer work for myself like I used.. I do not have the same energy.. even a little chore wears me out.. I am not like I was before the accident.. I was active and well..

I: Were you involved in any sport.. before the accident?

P: No..

I: Ms Mashego, I think this is the end of our interview but.. if there is anything that you think you have not told us.. or we didn’t ask.. you are welcome to do that before we close the session..

P: I am alright..

I: Thank you Ms Mashego..

I2: Mama.. let me just ask one more question.. in terms of the hospital.. walking supports.. equipment.. did they give you equipment to use when walking.. a stick.. wheelchair..?

P: They said I should not use crutches as they would delay me.. they did not give anything..I left without anything..

I2: And.. at the hospital.. did you use a stick..?

P: No.. I did not use them.. I used the table.. they said because I did not have a POP, there was no need for me to use crutches..

I: Thank you Ms Mashego

I2: Thank you so much..

END.
INTERVIEWER: I INTERVIEWER 2: I2 PARTICIPANT: P

I: Mr Makgatho, we will now start with our interview..

P: Ok..

I: You had an injury on your pelvis..?

P: Yes..

I: Can you please tell us how you got injured..

P: The way it happened is that I was involved in an accident in a taxi.. I left home for work on the 16th December.. I was working for the municipality at the time.. in the Parks division.. so we were driving on the highway.. down the steep next to the hospital along the highway.. there was a bump that made the taxi lose its balance and it overturned.. from there I woke up in the hospital.. but I didn’t know where I was..

I: At the Steve Biko Hospital..

P: Yes but I didn’t know where I was.. I was disorientated due to the trauma I had just underwent.. then I saw someone walk past and called them and I asked them to look for a number on my cell phone with the name ‘Mama’.. that was how I stored my wife’s name.. so that person looked for it, found it and called her.. and told her where I was.. she was on her way to check on both our mothers who were said to be ill in Moletswane.. where I come from.. so she had to turn back.. she was almost there.. so she proceeded home, and told them what had happened.. and then made her way to see me at hospital.. when she arrived, I managed to wake up and talk a bit with her.. but then I passed out.. I would wake up when she comes to visit.. but otherwise I was out of it.. I began to get back to my senses on the 2nd February.. that is when I found myself.. I began to eat on my own.. since I was admitted on the 16th December..

I2: Which year was it?

P: 2011.. My memory came back in February 2012.. I could recognise my children now.. they used to check on me everyday.. until the 15th February.. when they took me for physio at the hospital.. on the same day when I was expecting my wife and children to visit at 7pm.. that is when death
came to my family.. my wife passed away.. at the time, I was using a wheelchair.. so the children came to plead that I come home.. then the physio people gave me permission, but said that they couldn’t allow me to be away for two weeks because my leg would not be able to bend after that.. my muscles would stretch and remain in that position.. so I requested to go home for the two days of the weekend so we can have deliberations.. to arrange the funeral.. and return on the Monday.. and then go home for the funeral and come back.. and they agreed.. so we did that and I came back and stayed until.. I left on the 3rd of April.. and came back home.. from there I was going for treatment.. and go for checkups at Steve Biko with the doctor who discharged me.. and he wrote me letters so I could renew my pension.. but the doctor at the pension cancelled it..

I: When was it cancelled, when you got discharged?

P: I had been on pension for a year.. I could say I started earning it from March because they do a back pay from the previous month.. let’s say it’s a year because they cancelled it in March.. I started getting pension from March the previous year..

I2: 2013..?

P: Yes 2013.. they cancelled it so I stopped earning an income.. so I had to make a plan to make some money..

I: So how do you make money?

P: Excuse me..

I: You say you made a plan to make money..

P: Yes I had to look into my coffers because I had saved up for the future.. and could draw an monthly income from that.. with the insurance policies I had.. but it is not so much money.. it cannot cover everything.. the money I had was about three hundred thousand.. so I took it and built a house with it.. I started in June this year.. and it is now finished.. I now have two hundred thousand that pays me interest every month.. I am afraid of taking it and spending it.. because if I was to start spending it.. for instance, I could go and withdraw twenty thousand without a proper plan for it.. so now I only get one thousand two hundred and seventy rand from it.. just to be able to pay the social club and the rent.. the luxury of eating out does not matter.. as long as life can go on.. I can review the situation after five years or so.. and find something else to do.. sometimes I get help from my children.. when they visit and find the fridge not full.. and make a plan.. they are women and they
have husbands to consult.. they cannot just do as they please.. even if they were males, they could not just do as they please.. they would have to ask their wives..

I: Ntate Johannes, you said you were admitted on the 16th of December of 2011.. and you were not in your full senses at the time until the 2nd of February 2012..

P: Yes because there was a trauma that had happened.. it happens if you get into an accident, you can lose your senses.. but after that it was recovered.. I was myself again..

I: Yes you said you got your senses back on the 2nd.. do you remember before they took you to the physio on the 15th February..?

P: I actually started going to physio before the 15th.. the 15th was the day my wife passed away.. I was still using the wheelchair, and I still needed help getting on and off the bed.. being washed..

I: At the time you recovered your senses on the 2nd, had you been going for physio yet?

P: Yes.. it was more like massage.. a young white girl.. I couldn’t tell if what she was doing was effective.. I only started seeing improvements when I went to the physio.. they started me while in the hospital, at Steve Biko.. then they sent me to HF Verwoerd.. which is where I started to see improvements.. I could feel the difference and I got better..

I: Do you remember when you went to HF..?

P: I do not remember the date.. I know it was in February but I cannot remember the actual date..

I: Is that where you actually started with the physio..?

P: Yes that is where it started..

I: Ok.. you say they massaged you..?

P: Yes that one at the hospital was just playing.. I could not see the impact of what she was doing.. I only saw improvements when I got to HF..

I: What did they do at HF..?

P: That is where I experienced real exercises.. they really did their best to fix me..

I: Ok.. with the exercises..?
P: Yes they did all sorts of things.. even made me wear that thing that looks like a shoe.. which used to make me work out.. used heated equipments to loosen my muscles.. trying to loosen my body parts with heat..

I: Even help you on the wheelchair..?

P: Yes.. they trained me.. they trained me even to go in and out of the bath by myself.. because I even had to go to the toilet while on the bed.. using the bed pan.. but one day I decided.. in the morning when the nurses came for their shift when the night staff knocked off.. after giving us our morning treatment, while waiting for their relievers.. then I thought about it.. because even at the physio, they would help me on and off the bed.. then I decided to try to get off by myself, if I fell then it would be ok.. so I took this leg and let it hang on the side.. balanced on the cabinet next to the bed.. then on the wheelchair.. until I could get onto it.. took my toiletry.. went to the bathroom.. opened the door and went in.. parked next to the wall.. stood up and balanced on the wall.. and walked to the shower balancing onto the wall.. ran the shower.. went back to sit on my wheelchair so I could take off my clothes.. because I could not reach.. went back in by balancing on the wall.. then got in and started washing.. got finished and came back.. sat down and changed my clothes.. then went back to the bed.. then did the same process in reverse to get back on.. when they came, I was teasing them.. that they would be disappointed as they could not see my privates that day as I had already washed.. because one comes holding the bed pan, another comes with water for washing.. so I was teasing them.. and they asked who had washed me.. and I told them I had done it.. and they could not believe it.. even showed them the clothes I wore, that I had also washed them and hung them.. and they asked if it was not a family member who did it, and I said I had done it.. then I offered to show them I could get off the bed by myself.. because they used to do that as well.. even when they had to make the bed, they would have to lift me off the bed.. and they were not even gentle.. they would hurt you sometimes.. then I showed them how I did it.. then I took my leg and put it on the side so it hangs, then took then the other one over as well.. then balanced and lowered myself to stand.. then sat on the wheelchair.. then they said I go by myself.. and started asking the patient in the next bed why he could not do that as I came there after him.. and I told them I was very eager to go home so I wanted to heal quicker.. even on that machine, I would go on and on.. when they offered that I rest, I would tell them I was eager to go home.. that I was tired of being at the hospital.. that after my wife had passed away, there was nobody at my house.. so I had to go back home.. I was staying at a small house at the time.. but I still had to go back home.. so they really exercised me and put me onto different machines.. and they put in the walking ring..
so I started using it.. walking around with it.. then they gave me walking sticks to walk with.. I am sure I used them for only two days.. on the third day, I began to use only one.. then they took me through different walking exercises.. and they told me that all I had to do was walk everywhere, even get onto the stairs and so on.. I would walk around that hospital all day long.. and they would advise me to rest when tired because they knew I could get onto the bed by myself.. and I would tell them that I wanted to go home.. so that is what I got up to at the hospital..

I: From what I heard, you say physio helped you a lot..?

P: It helped a lot..

I: So when they discharged you on the 3rd, did the physio give you any exercises to do at home?

P: No they only told me to not strain myself at home.. that I should take walks.. but not to lift heavy things and so on.. so that I do not hurt myself and regress.. they said I should take walks.. and to work out this leg sometimes trying to loosen it.. which I do indeed.. sometimes I take really long walks.. I walk to and from the old clinic..

I2: Hmm..

I: And then did they give you a date to return for checkups and the physio..?

P: No I only got discharged.. they never gave me a return date..

I: Papa, how do you think your life has changed since your injury on the pelvis?

P: Well I do not see a problem.. as you know.. as people.. I found myself a partner.. she comes to visit.. so I have found that I would get tired quickly.. when we play around.. I would get tired here.. that is the biggest change.. but otherwise, I take the treatment.. i looked for different medicines to help.. I would seek advice from other men and so on.. and I would explain to my partner what I was going through.. she is an older woman and has grown children like me.. her children are two girls and one boy.. they are in their own houses.. just like me.. she also has her own house.. so I would discuss the situation with her.. so that if she cannot handle the situation, she should not force matters.. so she seems to understand so far.. she encouraged me.. I see myself as being well..
I: So at the hospital.. do you still remember who treated you? It was the doctor, the nurses, the physio.. and who else?

P: What do you mean?

I: At the hospital.. you were helped by the doctors, the physio.. the nurses.. who else.. social workers..?

P: Yes the social workers were around.. they would come around.. and talk to me..they actually started coming after the passing of my wife.. my family had made the announcement at the hospital so.. so they anticipated that I would be badly affected.. so the social workers would come.. at the time I was still staying with my son, who studying with Unisa.. and then I explained that I was not so shocked about the death itself, but I was more concerned about my son because he stayed with me and my wife.. so being young, I was concerned for him.. as for me, it hurts but I know that death happens to all of us.. so I am grateful that I did not die in that accident.. because my wife had the stress that her husband was in an accident and died as a result.. so it means there would be nobody in that house.. so I was grateful.. I saw that God was wise in letting me stay alive even in that state.. and took her instead.. and she was well.. she even told me when she would come, and I even told what kind of food to bring me when she comes.. on that day, I took my afternoon meal and gave it to the patient with me in the room.. because he had no visitors as he was from very far in Limpopo.. so I gave him my food as I was expecting good food from home.. so I just stayed like that since.. and the nurses would ask if my family were not coming.. all the while, they had already received the phone call.. my brother in law is an ambulance driver, driving to Kalafong Hospital and all these other hospitals.. delivers patients for treatments at different venues.. so he called them and asked them to take my phone as perhaps someone might call me and tell me unawares and that might upset me.. that they would come and tell me in person.. that is when the social workers began to come.. and we had our sessions.. there was no stress because I understand that death happens.. which is what drove me to want to get back home quicker.. and heal quicker..

I: When it comes to walking, I can see you walk with a stiff knee.. you said you can walk well even get to as far as the clinic.. don’t you have any other problem apart from the stiff knee, don’t you have oains?

P: I do get pains sometimes..

I: When walking..?
P: You know how I get pains..? When it gets cloudy or when it gets really cold.. and I would get on the bed and get under the covers.. also there is a relative who is a nurse.. she would bring me pills for pain from time to time.. so I would take those and sleep..

I: And the sleep, can you sleep well on both sides?

P: Yeah I turn as I wish when sleeping..

I: And the sitting..?

P: The sitting requires that I sit like this on a chair like this.. so that when I stand I could balance like this.. because when I sit on the sofa, it can be a problem because they are low.. I have to get ones that are higher up.. even chairs without armrests are a problem.. even when I eat I have to put the plate closer to me.. sometimes I eat in the kitchen standing up.. I also have to eat less food as I get full quicker.. so it is better to eat standing so that I do not get bloated..

I: You said you do not have problems with passing water..

P: No.. it is only the fatigue.. in the mornings I would clean the yard.. and then I would be too tired to clean inside.. I would then clean inside on the following day.. I train myself not to just sit around.. and not rely on someone else too much..

I: The chores you used to do around the house, how have they changed.. ?

P: What about it?

I: The chores you used to do in the house, how have they changed since your injury?

P: Well, the thing is that when I got injured, I was living with my wife..

I2: And she would do most things..?

P: Yes she would.. so when I came back.. the old house we lived in.. the RDP house.. the floor required polish.. but I took a chance.. I would mop the floor.. I would sit in this position (demonstrates).. and stretch out my leg like this.. and put it on.. move in reverse.. and put it on.. and the following day, I would buff it and make it shine.. even ladies that would come into the house, would see that I am a gentleman who has wits about him.. even in front of my yard, there were unsavoury weeds.. I took the spade and got to work.. and my daughter would check on me after work as she does not stay far.. and when asks who does all the work, and I would tell her I did.. and
she would ask why I did it myself as she promised to find someone to do it.. and she would ask me to please stop.. and the following day, she would find that I had finished..

I: And the people you used to spend time with.. here at home.. or your friends.. and now after your injury, what has changed?

P: To be honest with you, here in my street, we all get along.. they always check on me.. even my next door neighbour.. every day after work, especially after returning from the hospital.. then I was a recent widower.. every day, he would come to the yard.. when he returns from work, with his lunch box, even before going into his house, he would start here and sit with me.. and end up calling the child to come fetch the lunch box.. he would sit till late.. sometimes as late as nine in the evening.. another one lives next to the big tree there.. he would also come from his house to sit here with me.. as a widower, I am not supposed to go into people’s houses.. so he would come and tell me that he does not care what people say about bringing them bad luck, I am welcome at his house.. I do drink alcohol but I went a whole year without it to avoid making blunders.. like coming home late.. while still in the mourning period.. so I decided to stay off it and handle my issues first.. which I did.. otherwise I am in good terms with everyone in my street.. if I need something, I would stand over the fence and call my neighbour.. this one who stays alone.. I would call him.. even if it is for a little maize meal.. and he would pour in a little dish and give me.. when I buy it, I give him back..

I: If you were to just round up.. the things we went over.. what can you say about the quality of your life.. as to how it may have changed since the accident..?

P: Well.. I do not blame myself for anything.. I have accepted the situation.. everything is fine with me.. the little that I got is fine.. it will not help to cry.. I have accepted the situation..

I: Thank you sir..

P: I even have my ways.. I can wear my trousers.. if I can manage to put my leg in there.. and then use the other one to pull it up.. I also use an orange sack and scrub the leg with it.. put it on this leg and scrub the other one with it.. I put lotion on this one and use it to smear the other one.. when my partner is not around.. I have devised some means.. I think I will suffer only when I am much older.. but for now, I find ways of fixing up things around here..

I: Mr Tshabalala.. is there anything.. you want to ask..
I2: I think he has covered everything.. the one thing I am worried about.. is the aspect of the grant.. you should still be getting the disability grant.. because your leg can not bend anymore.. even when you were demonstrating here.. it shows that you still need it.. and pains sir.. when you are just relaxing during the day.. do you experience them?

P: Yes they do come sometimes..

I2: Ok.. and then on the leg..? Did they fit it in a piece of steel or.. did they tell you what they did?

P: I think they said it was a piece of plastic.. because I saw that the bone was busted.. so they explained that they use a modern material that is plastic-like.. and they told me to not do heavy chores.. and not to climb on things.. even if it is the cleaning of windows.

I2: It is like elastoplasts..

P: They told me that if something happens and I fall, they would have to open the wound and start over..

I2: That plastic thing.. does it go all the way up.. or is it only on the knee?

P: I cannot say.. I do not quite know where it is as they have not shown me..

I2: They should have shown you so you know..

P: Because I cannot bend here.. so I assumed it was the operation.. that it has blocked this area..

I2: For the grant.. you go back to the clinic.. and ask to see the physio.. and ask the physio to help you fill in the grant forms.. if that does not work, you can speak to the Sister-in-charge at the clinic.. the fund is called the disability grant.. and when you apply, explain that you live alone.. the children live away in their homes.. you do not work.. and you were seen by physio’s from Medunsa.. tell them.. they came to interview you.. we have asked that they help you fill in your application for a grant.. there are even public doctors that would come.. even they can help you fill in the forms.. sometimes that is done by physio’s.. then you take them to SASSA.. they can help you top receive your grant again.. just before you turn 60.. because you will start earning a grant anyway.. but before that.. they could still help you.. it takes a while but be patient.. so in the next week if you get a chance, you can go and ask them.. because that is urgent.. you cannot have such problems.. with nobody working.. and not earn anything.. the other one will help improve the quality of your life..
P: It is true because.. it is finished after only three days of receiving it.. I get it on the 15th.. on that day I have to go and run errands.. I even went to the municipality regarding the rent.. to ask for.. the application for the POP.. I since made the application and I am still waiting.. I took doctors’ letters and all other documentation.. still nothing..

I2: What is the POP.? 

P: So they can reduce the rent..

I2: Oh...

P: Even the electricity..

I2: Yes they should reduce it.. you get water for free, don’t you?

P: No.. there is nothing we get for free..

I2: Well you should.. the advice I can give you.. look for the councillor of your ward.. and explain the situation.. the ward councillor should actually help you when you have a municipal problem.. because normally right now, in townships and villages.. people who get water, get a certain amount for free.. it’s about a thousand litres, depending on the size of the family.. for free.. and then you also get free electricity.. from government..

P: Yes the elderly get those things.. the disabled, the needy.. they apply for those and get them but I couldn’t.. so I just gave up.. because it is all the same..

I2: No do not let it go.. speak to your ward councillor.. they are supposed to help you.. I think that will make your life a bit easier.. because I know that once you get to the pension stage.. they will also make the application for those.. but you can still benefit.. it is only.. a few years before your pension.. three years..

P: Yes three years..

I2: Three years is a long time to be suffering..

P: Yes it is still far..

I2: So just get hold of the ward councillor and ask them to.. to help you..

I: Thank you..

END
INTERVIEWER: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: Marios.. we are about to start now.. you said you got injured while using a certain transport.. can you tell us more about that?

P: As in where we were actually travelling from.. or how we got into the accident..?

I: How you got into the accident?

P: Oh.. the accident happened on our way from Hammanskraal.. it was in the early hours.. around 3am.. we had been transporting someone.. my friend was driving.. it was his car.. all I remember was a car coming towards us.. the next thing we had passed out.. we were woken up by that machine.. but he never woke up.. when they used that machine, I woke up immediately.. and they asked me where the passing I was travelling with was.. and I told them he was there somewhere.. and we started looking for him.. only to find that the car threw him about eight metres away.. so they took him and took him to Jubilee (Hospital).. I was also taken there.. so from Jubilee, they took him first to Ga-Rankuwa (Hospital).. and they left me at Jubilee.. after two days, I was taken to Ga- Rankuwa.. I stayed another two days in Ga-Rankuwa.. for the two days.. they observed me on the first day.. they examined me again on the second day.. and they concluded that I had no fractures, just bruises.. but I could not walk.. it took me a long time to walk properly again.. so they told me they would not discharge me by myself.. that someone had to fetch me.. and that person bought me crutches and so on.. and I left with them.. they gave me a date for the 26th June.. of 2012.. but I could not make the date as I had gone home.. so upon realising that the date had gone past, I decided I would go some other time.. which I never did because I was busy.. also checking on my friend at Unitas Hospital in Centurion.. He ended passing away around July.. and we buried him.. so I had to stop working where I used to.. because.. I actually went back to work for a few weeks after.. but then realised that the job was too strenuous for me.. if I worked for too long, I would have to stay home for a week due to pains.. Even when it gets cloudy, I cannot walk upright..

I: Ok.. can you tell us more about your injuries.. you said you got injured here..

P: I got injured here and here.. and here on the head..

I: On the head as well..

P: But they said this bone on my back is fine.. it does not bother me.. it gets painful on my back..

I2: Just to be sure.. how long did you stay at Jubilee?
P: Tow days..

I2: And another two days at George Mukhari (Hospital)..

I: So.. after two days, you got discharged from George Mukhari.. what were you given.. crutches and what else?

P: We bought the crutches.. only.. they never gave me pills.. the ones I had, I took them while there and they were finished there.. I went and bought myself medicines here at the pharmacy.. some brufen.. and other painkillers..

I: At Jubilee.. how did they treat your problem..?

P: When I arrived, they took me straight to x-rays.. checked me thoroughly.. then gave me my x-rays.. then took me to a ward.. then they would keep checking on us.. gave me pills for the pain and so on.. until the following day.. that is when they told us we would go to Ga-Rankuwa.. which we did.. we got there around nine or so.. it gets busy there, but I did get help there.. took me to ward 12.. and so on.. where I got more medical attention.. even the walking.. I could not walk properly.. but now I am much better.. it is not like before.. I can walk properly.. but it also depends if I worked strenuously.. I would get pains.. it gets painful if had worked too much..

I: You said when you got injured it was in June.. of 2012..

P: No, no.. it was the 26th of February..

I: 26th February of 2012..?

P: Yes..

I: Ok.. so at Ga-Rankuwa Hospital ward 12.. how did they treat you?

P: The treatment was good..

I: What did they give you? Gave you medication..?

P: They did give me medication.. Also went for x-rays and so on..

I: Did they not put..

P: Like POP.. no..

I: Or those weights that hang from your legs..?

P: No they did not.. When I needed to go to the toilet, they would put me onto the wheelchair..
I: Ok.. And then at the hospital, who else treated you? You were treated by nurses.. and who else?

P: Doctors also treated me.. and the nurses.. different doctors attended to me..

I: And what about physio’s for the exercise..?

P: No I did not see them..

I: You did not see them.. so upon being discharged, were there no exercises that you were given to do at home? You even taught yourself to use the crutches..?

P: Yes.. I did not know how to use them..

I: You did not know.. when you came home, you could not use the crutches, you just had them with you?

P: I could use them.. I was just in pain, but I could use them.. I was training myself.. trying to get the leg to work properly.. and I did steadily.. until I got better.. even now it is fine, except when the weather changes like it is going to rain.. it shows in my walk.. I do not walk properly then.. time will tell.. maybe when I am in my 40’s, it would bother me again..

I: And the time you were at Ga-Rankuwa, did you not have a problem passing water.. not being able to hold it or experiencing pain..?

P: No I did not have problems..

I: And number 2.. no problems?

P: No..

I: Now since your injury.. how has your life changed since your injury?

P: Since I got injured, I used to work in town.. now I do not work because I used to do heavy work.. I cannot stand for too long.. it gets painful here..

I: What was your job?

P: I did contract work, building houses..

I: So how did you stop working.. did they ask you not to come back as you could not work properly anymore..?
P: I told them that I.. you know with contract work.. I only worked for two weeks.. got paid for the fortnight.. and simply stopped going.. because if I forced matters, I would be using a wheelchair now..

I: And then.. the walking.. you say you walk well now?

P: I walk well now.. only when it gets cloudy.. it gets painful.. but when it is normal, I am fine..

I: And the sleeping.. don’t you get disturbed?

P: No I sleep well..

I: Can you sleep on all sides?

P: I can sleep well on all sides..but when it is going to rain.. say in the next three days.. I start feeling the pains.. so I have to buy painkillers.. like brufen.. from the pharmacy..

I: So the brufen helps with the pain..?

P: Yes they make it better..

I: And the sitting.. like you are sitting now, is there no problem?

P: No..

I: So the urine passing and number 2 never gave you problems..?

P: No..

I: What about chores around the house.. are there no changes there.. do you struggle to get things done..?

P: Domestic duties.. no.. like taking out weeds with a spade.. I cannot do them anymore.. like digging a hole.. using picks and the like.. I cannot do those anymore..

I: And then your friends.. people you used to associate with.. are your relationships still the same?

P: Well because there is no money anymore.. they disappeared.. I am not working anymore.. one has more friends when one has money.. I am even used to it now..

I: And family life, how has it changed?
P: Because I no longer have an income, so I can see that they have changed.. they do not treat me the same.. I used to give them money so now..

I: So as you say.. the only real problem is the pain.. and it gets uncomfortable.. only when it is cloudy.. but other than that, you do not have problems..

P: Like when I take walks.. when I sit down, I feel pain.. right here.. where I hit the dashboard..

I: And then.. don’t you have problems when it comes to sex.. since your injury..

P: Er.. no.. I have not encountered problems there yet..

I: There are no problems.. no pain.?

P: Well sometimes I would feel some, but not always..

I: Please tell me about the quality of life.. as you have already explained about the things that are not going well.. even at home.. but if you can summarise.. how the quality of life was impacted on by your injury..

P: It has changed.. I used to earn money that also helped out at home.. so now, life is not going well..

I: Is there anything I may not have asked you that you might want to tell us about.. after the injury from the accident..

P: Oh.. the one thing I thought of on my own.. is that since my friend passed away at the hospital.. I was given the date of the 26th June.. I could not go on the date because I was away at home.. I came back after the date.. so I decided not to go since I had let the date pass by.. so I was thinking maybe the doctor can give me a letter so I can go to claim.. or explore my options.. or am I too late for that.. Or can I go back to the hospital to get assessed again? I have all the documents they may require..

I: Don’t you sometimes feel depressed.. feeling sad.. when looking at your life since your injury.?

P: Yaa.. I can see that my life has been affected by the injury.. even the things that I used to do for my family or for myself.. I cannot do anymore..

I: You do not have the strength anymore..?
P: I do have the strength.. the problem is the area I got injured on..

I: Alright.. I think I have asked almost everything.. Thank you very much..

END.

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INTERVIEWER: I

INTERVIEWER 2: I2

PARTICIPANT: P

I: Since you said you got injured in a taxi accident.. can you tell us more about how you got injured, as to what happened?

P: It was on the 24th.. 2010.. I was coming from school.. from writing exams.. I was writing Afrikaans.. the (Toyota) Venture took us from (Block) KK.. Block K.. when it was near Block LKK, where I stay.. I got off.. while waiting to cross the street.. the driver was seeing potential passengers at the back.. the next thing it hit me while moving in reverse.. I thought it was a person pushing me.. by that time, I was already under the car.. I heard someone screaming to the driver that he had hit someone.. the driver got off and said he did not see me as he was watching the one mirror and not the other.. he was in the wrong.. I could not even move from under the car.. they had to drag me and put me in the taxi.. I had broken bones already and it was painful.. so they took me to the George Mukhari Hospital.. he wanted to leave me there.. so they brought me a stretcher and took me to casualty.. they attended to me, and I think I passed out..and they took me to another section, to draw blood and so on.. that is what I remember.. when the taxi driver came later to check on me, I told him I had broken limbs.. and he told me he was going to see the taxi owner and report what had happened.. and that was the last time I saw him..

I: You said it was the 24th of 2010, which month?

P: It was May..

I: Ok.. then they admitted you at Dr George Mukhari Hospital?

P: Yes they admitted me.. the taxi driver took me there himself.. they advised him to rush and take me because had the police arrived, they could have arrested him.. that is how I ended up there..

I: Can you explain where you got injured exactly.. you said you got injured on your pelvis and where else?

P: I discovered later that my arm was also injured.. so when they took x-rays, they found I had a fracture.. so now when I walk or when working, I feel pains there.. I was using crutches.. after I had been on a bed rest for a while..
I: So how long did you stay at the hospital.. you were admitted on the 24th May..?

P: I think I left in June.. I may have spent a week or two there.. because I was bedridden and could not walk..

I: So when you were at the hospital, what kind of treatment did you receive? While you were bedridden..

P: They gave me pills.. they also drained some blood.. there was a clot there.. I had a hole here.. and it was painful.. so I was going to the clinic for treatment.. it gets painful when I work.. even now I cannot carry heavy things.. I do not even wash blankets anymore, someone has to do it for me.. my arms are also troublesome..

I: So they gave you pills and drained some blood..

P: Yes they did the operation while I was awake..

I2: ICD..

P: Yes.. to draw the blood..

I: And then on your legs, did they not put traction.. where they tie bandages with weights at the end..?

P: Well, I cannot say, but I was just bedridden.. but I saw something hanging there..maybe this was after my previous injury because I still have the scar.. and I had a broken bone there before and a stitch..

I: You had a stitch..?

P: Yes, previously.

I: When was that?

P: My parents say I was very little when it happened.. but they since passed on.. but they told me.. I can only give birth by c-section..

I: At the hospital, you were treated by doctors.. and the nurses.. and who else..?

P: It was that famous doctor or professor.. and another doctor.. and we got regular checkups from the nurses..
I: Were you not treated by physiotherapists?

P: No..

I: You did not do exercises..?

P: No.. no exercises..

I: For the full two weeks you were bedridden..?

P: Yes for the two weeks.. nobody came to exercise me.. they would only help me on and off the bed.. then they sent me home.. but then I was also bedridden at home as I was still weak..

I: What about a social worker?

P: Nobody came.. I was looking after myself with my children..

I: When you got discharged.. you were given crutches.. who gave you crutches?

P: They told me to buy them at the hospital..

I: You bought them at the hospital..

P: Yes but I heard that we are supposed to get them for free if one was in an accident.. but I had to buy them..

I: And then did someone teach you how to use them?

P: No I left that day, my transport took from there to here at my gate..

I: So when you left the hospital, was it the first time you left the bed?

P: I started to do that about two or three days before.. they trained me a little.. but I was still weak when they discharged me..

I: Who trained you how to get out of the bed..?

P: They told me to get off on my own..

I: Oh they told you to do it by yourself..?

I2: The nurses..?

P: Yes they told me to get off and I did.. and it was very painful..

I: So after being discharged, were you given a return date for check-ups?
P: Yes they gave me the date.. I just forgot it now.. but they told me to come back for check-ups.. and I did go..

I: So upon returning, you were seen by the doctor and nurses.. and who else?
P: I was seen by a doctor.. and I had to go get pills.. but when I get those pains, I would go to Skinner (street)..

I: Do you still go, or have you stopped?
P: I still go.. I am going again on the 5th.. this arm still has pains.. they come sometimes.. this hand cannot flex.. and these are the issues we are dealing with.. but when it gets cloudy, I feel pains even here..

I: So in terms of physio, since you had your injury, nobody has given you exercises..?
P: No.. nobody..

I: Ok.. If you can tell us how this pelvic fracture has changed your life..?
P: It has changed because I can no longer lift heavy things.. I cannot do things for myself like before.. I get tired when I walk.. but because of poverty, I have to work.. because I do not have anyone helping me..

I: Before your injury, did you used to work here?
P: I was working here.. I was from here when I got injured..

I: So you did not change jobs..?
P: I have not changed jobs..

I: And how are you coping in your job if you compare with before you got injured?
P: When I raised my issues here at work, my seniors asked why I do not stay at home.. but then how will I survive? So I am still here forging on.. with black businesses, even if you go for treatment, they deduct money.. sometimes they say you went on leave, whereas you were in an accident..

I: So in terms of work, are you able to reach the same level of performance, or has it changed?
P: No.. I cannot perform at the same level.. but I do my best to deliver a good service..
I: Exactly what troubles you the most..?

P: Mostly it is the arms.. and this leg.. when I walk long distances.. nobody else would tell..

I: So you do have problems walking..?

P: Yes..

I: What happens when you walk?

P: When I walk, it feels as if..

I: It gets painful?

P: Yes it gets painful.. especially in winter or when I lift something heavy.. it feels like it is opening up again..

I: And sleeping..?

P: I do sleep, but I do not go there..

I: What is it that you do not do?

P: No..

I: Do you have a side you prefer sleeping on.. or is there a side that you feel uncomfortable when sleeping on?

P: It is on this side that got injured.. and I am used to sleeping on it.. I can’t sleep on this other one..

I: So do you wake up at night due to not sleeping comfortably? P: Yes.. in pains..

I: And how do you ease the pain..?

P: When in pains, I take brufen..

I: When you left the hospital, you had pills they gave you, right?

P: Yes I did.. until they ran out.. and I would go to the clinic to get more..

I: And then the sitting..?

P: Oh I get tired.. even when sitting in the bus, I can feel the strain.. I would feel like standing..

I: Don’t you have problems with your urine?
P: I do pass urine, but I have problems there..

I: Can you tell us more.. what kind of problems?

P: It comes.. and it gets itchy.. then it stops.. and then I take some water.. a lot of it.. but it’s not a bad itch though.. it just gets uncomfortable..

I: So while at the hospital, didn’t the doctor look into that?

P: No they did not.. they were mainly focussed on the injury..

I: Did you not report it.. even as you were going for check-ups?

P: No I did not.. they shout at us so we are afraid to speak up.. they complain a lot.. so we simply keep quiet..

I: And what about number 2..? Don’t you have problems there?

P: No I don’t have problems there..

I: In terms of the chores you normally do at home..?

P: No it’s not the same.. I take breaks now.. I even tell my partner to help me because I am no longer the same.. I used to wash the windows.. but when I reach.. I can’t even climb stairs anymore.. I am afraid to.. it is so hard now.. even here at work, I refuse to do that.. I am the one feeling the pain..

I: And what about your friends.. how are your relationships since the injury in 2010?

P: No.. it is not as pleasant..

I: What is the issue?

P: Whenever they suggest we do something and I complain, they say I am sulking.. that I am lazy.. because I cannot lift things like I used to.. like when we cook at social clubs.. handling big pots.. someone has to help me with the cooking of pap..

I: And then at home.. the family.. how has your relationship changed?

P: It got affected because my partner and I do not have intercourse..

I: The reason..?

P: It hurts me..

I: So.. the pain and discomfort you normally feel.. especially when you stand a long time..
P: Yes.. even as I am sitting here, I can feel it..
I: Even when sleeping on this side..
P: Yes on this side..
I: And then.. I know you have said a mouthful.. but if you were to summarise.. how has the quality of your life changed.. since the injury?
P: It has changed a lot because what I used to do before, is not the same anymore.. and then I cannot lift things like I used to.. with this injury.. but I have to force myself because of the situation..
I: Don’t you sometimes get depressed.. or feel dejected about what is happening since.. your injury?
P: It happens.. it does affect me.. I think about why this has happened.. when I think about the time I was under the taxi, if it was not for the person who screamed, it would have crushed my head.. because my head was next to the wheel.. when they dragged me out, I could not move..
I: And what about the strength..?
P: It is not like before.. I used to have a lot of confidence.. even after my previous injury I was stronger than now.. apparently the first injury was quite serious.. it was an accident.. even have the operation scars here..
I: Lastly then, I think I covered everything.. but before we finish, is there anything you want to share.. that you think I should have asked.. that affects you.. from..
I2: the hospital.. or the accident itself?
I: ….that bothers you..
P: What upset me was when I was at the hospital, there was a certain nurse.. that when I asked for medication, we got into an argument with her.. and I was so annoyed that they had to move me from that ward.. she was harsh with me and I reacted in the same way.. and I told her not treat us like that as we are patients..
I: Ok.. thank you very much..

END.
INTERVIEWER: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: You said you were in a car accident..?

P: Yes..

I: Can you tell me when you got injured, how you got injured..?

P: Ok.. I was driving in the farm.. and I hit a cow.. after that I stopped and parked the car on the side.. I got out of the car to assess the damage on the bonnet.. to find that it was dented.. after that I went around the car to check on the cow I ran over.. but I could not find it.. while still looking for the cow, I decided to urinate.. then I urinated with my back against the car.. just as I finished urinating, then came another car.. with a female driver.. she swerved and hit me on the back.. and I fell forward.. and I ended up underneath her car.. I could have spent 30 minutes under that car.. the car occupants were all female and were struggling to move me from under the car.. and I was crying out all that time for help.. until a certain gentleman came and said they should not reverse.. the lady wanted to reverse.. but the gentleman said if she did the car would crush me and kill me.. they lifted the car and took me out.. and found that I had passed out.. I thought I was dying.. so they took me.. my wife who was with me at the time, took the car keys.. they moved me around and I woke up.. so they called the ambulance.. the ambulance came quickly.. the police came quickly too.. they wanted to take a statement but I could not remember anything.. they took me to the Jane Furse Hospital.. I had passed out, and did not see much.. I think I spent a week at Jane Furse Hospital..

I: Where is Jane Furse?

P: In Limpopo..

I: When was it..?

P: It was the 21st of September.. year before last.. I even forgot with old age..

I2: 2012.. 2013..?

P: No.. 2014..

I2: 2013..? This is 2015.. so year before last is 2013..
P: Yes 2013..

I: So how long did you stay at the hospital?

P: I stayed a week there.. I spent a week there.. then asked for a transfer.. and they asked me where I would like to be transferred to, and I said Mamelodi.. so I could be closer to family.. that side was too far..

I: So you got admitted in Mamelodi again?

P: Yes I was admitted again in Mamelodi which is nearer..

I: And how long did you stay there?

P: I spent two weeks here..

I: Ok..

P: Yes.. after that they took me to HF (Verwoerd).. Academic.. and I stayed there for a month or so..

I: Can you tell us again, you said you got injured here..?

P: Yaa..

I: And the spine?

P: Yaa..

I: And the knee?

P: And the knee..

I: Where else?

P: The knee.. my legs.. there is a piece of steel.. also on the spine.. and my eyes too.. I do not see that well..

I: At Jane Furse.. do you remember how they treated you.. what did they do to you?

P: At Jane Furse, they put POP on me.. it was taken out there at Mamelodi Day Hospital..

I: And then here at Mamelodi.. what did they do to you?
P: Here at Mamelodi, they took out the POP.. and put on some weights that held my legs down.. and later they decided it was not working, and that I needed an operation.. but because there was no doctor there to perform the operation, they transferred me to HF..

I: Ok.. So at HF..who treated you.. the doctor and nurses.. and who else?

P: Yeah I was treated by doctors and nurses..

I: And did nobody give you exercises..?

P: No they treated me well..

I: They treated you well..?

P: Yes they did.. until the discharged me.. and I went for check-ups.. for about three or four months check-ups at HF..

I: Was it the doctor, the nurse and a physiotherapist? Do you know what a physiotherapist is? The one who makes you do exercises.. did they make you do any exercises?

P: Yes..

I: And the others..? Any psychologists..?

P: Eish.. there many of health professionals there.. in the morning it gets busy.. I know there were doctors for the operation and the nurses..

I: Ok.. during that time you had weights on your legs.. did a physiotherapist come to give you exercises while on the bed?

P: Yes..

I: Do you remember how long it was that you stayed with the weights on your legs?

P: I think it was two weeks..

I: Two weeks.. ok.. and then they took them out..?

P: Yes they took out the weights and performed operations.. it was three operations..

I: And then after the operation, the physiotherapists made you do exercises..

P: The exercises and stretches..
I: So what kind of exercises did they make you do.. do you remember what kind of exercises they were?

P: Well I was using crutches at the time.. so they would take me off the bed.. give me crutches to walk around.. after that they would give me just one.. and I would try to walk using it.. they would give me a distance to walk.. and on and on it went..

I: So do you think the physio you received at the hospital helped you at all?

P: Yaa.. you see as an elder man, they did their best to help me.. so I can walk.. when I started I was using two crutches.. then got to use only one.. then I also let go of that one and started walking on my own..

I: So after getting discharged from Steve Biko, were you given a return date by the physio?

P: No I did not go back there..

I: So for check-up you were only going to see the doctor..

P: Yes only the doctor..

I: No exercises..?

P: No..

I: So when you got discharged, were given exercises.. or advice as to how to handle yourself in order to heal quicker..?

P: Yes they told me.. like not to move too much.. not to take long distances.. no heavy duties.. until I am well again..

I: If we were go back to before you got injured.. and compare that to after you had the pelvis injury.. how has your life changed?

P: No.. right now, it’s not too bad.. it is good that I can walk on my own.. sometimes.. the piece of metal in the body can be uncomfortable.. when it gets cloudy.. or when it gets too hot.. it gets painful.. especially the one in the legs.. the spinal cord one is fine..

I: So when the pain begins.. how do you get it to be better?

P: When the pain starts..? I get pills for the bones.. for exactly such times.. they told me to not hesitate coming to the hospital if I needed more painkillers.. like Painblok..
I: Even when you got discharged, you were given pills?

P: Yes they did.. a lot! Oh I nearly forgot.. I have a wound here.. I was burned by the exhaust pipe.. that lady’s exhaust pipe burned a lot here.. so there is a wound here.. they gave me bandages.. and pills.. and medication to heal the wound..

I: You said you can walk well..?

P: Yes..

I: Can you walk a longer distance? Can you cope?

P: I can walk a reasonable distance..

I: Without any problems..?

P: Yes without any problems..

I: What about sitting as you are..?

P: Oh I can sit..

I: No problems..?

P: No problems..

I: Can you also sit on the floor?

P: Yes I can..

I: Don’t you have problems sleeping?

P: When I lie down, there are no problems.. on the bed, there are no problems..

I: And you can sleep on all sides..?

P: Yes I sleep well on all sides..

I: And then, don’t you problems urinating..?

P: It used to trouble me while I was at the hospital.. after that they did an operation here.. they cleaned it out.. now I am fine..

I: And then, the chores you used to do around the house.. can you still manage?

P: I try.. I do not do heavy duties.. the little that I can manage is fine.. if I feel like sleeping, I do..
I: And with friends and family, how have relations changed.. since the injury?

P: Oh there are no problems in the family relations.. in terms of children and grandchildren.. there are no problems..

I: Going back to the physio, how it changed your life?

P: The one they did at the hospital?

I: Yes..

P: Since being discharged till now.. I do not have problems.. I just kept going back and taking my treatment and going for check-ups.. there were no issues.. and you know with hospitals, you can stand in long queues but that is fine..

I: Now to the more personal matters.. in terms of sex.. are there no changes there.. since your injury?

P: No there aren’t.. my wife takes care of me.. sometimes she washes me.. so there are no problems there.. I can’t lie..

I: So there are no issues around sex..

P: No.. the way she has treated me from the time I got injured till now.. she has not changed towards me..

I: So if you were to summarise.. how has the quality of your life changed?

P: Well in life.. an injury is an injury.. once it happens, you will not be 100% anymore.. like you were.. if you get involved in an accident.. being as old as I.. you become a bit of a scrap.. but not altogether.. (laughs).. I am the one feeling it.. sometimes I want to go somewhere and get lazy to.. or I want to do some heavy work and can’t.. and you gauge that you cannot manage because you will cause yourself some pains..

I: So now you have to be careful before doing anything unlike before..

P: Yes..

I: Are there times when you get depressed, thinking of how things have changed because of the accident..?

P: Oh well it is just the thought of it.. and you reflect on the fact that you are now injured..
I: Mr Maphosa.. as we are nearing the end of our interview now.. is there anything you feel you want to add perhaps, that I may have not asked you.. regarding your accident..?

P: I wanted to ask about my eyes.. they are not well.. is there anything that can be done.. sometimes when I am sitting like this, tears just come out.. that is the one thing that sometimes bothers me..

I: Did you ever consult an oprometrist?

P: No I never went..

I2: Did the eye problem start after the accident?

P: Yes after the accident.. sometimes they just tear up.. and I would have a blurred vision..

I2: Ok.. what we can advise you with.. there are two things you can do.. number 1, you can go back to the clinic.. or to the hospital.. and tell them that ever since the accident, you have a problem with your eyes.. they get sore and get teary a lot.. and ask to see a doctor.. there are eye specialists.. they are called ophthalmologists.. they can examine you.. they are there at the hospitals.. the other option is that you can have your eyes tested.. don’t you need to wear spectacles? They can test to see if you don’t need to wear glasses.. those are optometrists.. the first place you should go to is the clinic.. because there are government facilities where you can have your eyes tested.. if they see a serious problem, they can refer you to an eye specialist.. the ophthalmologists.. that way they can tell you where the problem is.. so when you get a chance, you can go to the hospital or the clinic.. even the nurses.. they are able to check.. especially if you emphasise that the problem started after the accident..

P: Yes it started after the accident.. thereafter my eyes were not the same anymore..

I: I forgot to ask something.. before your injury, were you working or were you doing the same job you are doing now?

P: I was doing this same job..

I: Are you still doing it the same way.. are there no changes?

P: Yes..

I: Thank you sir..

END.

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TRANSCRIPT 9

INTERVIEWER: I       INTERVIEWER 2: I2       PARTICIPANT: P

I: Can you please tell us how you got injured..

P: You mean I should explain what led to my accident..?

I: Yes..

P: Alright..I was driving from Pretoria towards Moloto side.. at the Zebra Lodge.. there is a curve.. it was around 7pm.. around June.. it was winter.. I was on my way home.. someone came and overtook the combi and hit my car head on.. I do not know what happened there.. I woke up at the hospital..

I: You said it was June.. which year was it?

P: June.. 2012..

I: 2012..?

P: Yes it was the 10th June 2012..

I: So from there, you were admitted in hospital.. which hospital?

P: Firstly I was at Mamelodi Day Hospital.. but the doctor told me he could not repair my bladder, so they transferred me to Steve Biko the following day..

I: So for how long did you stay at Mamelodi Day..?

P: One day.. about a few hours.. because I don’t know what time I reached there.. I was unconscious.. they inserted a catheter and all that.. so I was there a few hours.. but I know that at 5am, they were transporting me to Steve Biko..

I: So in Steve Biko, how long were you there?

P: About eight weeks.. it can be eight weeks, I am not sure.. I know that I was admitted on the following day.. also they put weights there for 6 weeks.. so I cannot tell how long it may have been.. I do not actually know..

I: So in Steve Biko.. they put on those weights?
P: Yes.

I: And a catheter.

P: Yes.

I: And how else did they treat you?

P: They put those weights.. inserted a catheter.. and operated on me.. when I first arrived, I stayed about three or four days because I was supposed to be seen by the bladder specialist before they could operate.. the doctor who operated on my pelvis was very furious because there was a delay when they should have been attending to me.. that is when the bladder specialist came.. after the bladder treatment, they did the operation on the pelvis and inserted those pieces of steel.. to join the pelvis.. and then I stayed another six weeks with a weight hanging down on it.. I don’t know how many hundreds of kilo’s it was but I could not move.. for six weeks..

I: You said your injuries.. were the pelvis.. and where else?

P: The bladder.. and a little bit at the spine here.. it is open.. where the spine begins, it is cracked actually.. which they joined back together.. on the pelvis.. there five broken bones.. at the bum area..

I: So the time you were lying in bed at Steve Biko.. you were treated by the doctors, the nurses and who else.. the urologist..?

P: The urologist.. two of them.. the pelvis doctors.. urology.. and the nurses.. taking instructions from those doctors.. it was specialists attending to me..

I: Ok.. and physiotherapists.. ?

P: Physiotherapist.. came.. before I was discharged.. came and treated me.. showed me even how to use the crutches.. and that I must move slowly not fast.. so that I do not disturb healing in my leg.. even now you can’t tell that I had an injury.. unless I walk fast.. but when I walk slowly you can’t tell.. but it is instruction from the physio.. who told me that if I want to heal properly, I must not hasten to walk fast.. so that when the body gets better, it must be in a normal state.. to avoid walking improperly for the rest of my life..

I: So the physio’s.. did they start to treat you only after you were out of that.. was it six weeks being bedridden.. did they treat you?
P: No.. they only came to check on me and my progress.. started treating me just before I got discharged using the crutches.. I was just bedridden.. and the doctors would come.. the physio.. but I do not know if it was a physio who used to come and move the bed roughly so that I jump..

I2: No that can’t be the physio (laughs).. they would not do that..

P: Which helped me in a way because it got me to move, unlike staying in that same lying position all the time..

I2: Did he exercise you?

P: No he did not.. he would simply come and push the bed roughly and tell I should not just lay there..

I: When did that start happening, I remember you said you had been there for six weeks.. and when did they start pushing your bed?

P: After three weeks to four weeks.. that is when he started saying that I should not just lay there, that I must bend from time to time.. my feet were numb underneath.. there was no feeling down there..

I: So now the physio treated you, to help you get out of bed.. now did you have the weights on at that time..?

P: Yes I still had them on..

I: You walked with crutches with those things on?

P: With those things on yes..

I: And then, discharged.. when you were discharged, did the physio give you exercises to do at home or advice?

P: The physio only showed me how to use the crutches.. but he never told me anything else.. all I was shown was how to use the crutches.. also showed me that I must lift up my leg often..

I: So you were not told to come back for physio whilst at home..?

P: No.. since I finished there I have never been to the physio.. since leaving the hospital..

I: And you never did any exercises while at home..?
P: Never, never.. I was my normal self.. I even bought a training bike.. I use it every night.. just to
exercise my leg.. I get on it and do exercises myself.. I remember there was a white guy at work
who used to do karate.. he told me to train my foot to step like this.. and showed me moves to align
my body..

I: So do you still remember the date of discharge at Steve Biko?

P: I do not know if I can remember.. around September.. Yeah I got injured in June and got
discharged in September..

I: Mr Mohlala, can you tell me how this fracture has changed your life..?

P: Oh it has changed me a lot.. my whole life has been changed by this fracture.. because I am the
kind of person who works for himself.. I am building.. right now I want to change my home but I
cannot.. I have to hire someone.. because I used to do things myself like building.. but I cannot do
those things anymore..

I: So what about walking.. I know you said a little bit about how you walk.. how has walking
changed?

P: It has changed because I cannot walk long distances.. I have to walk slowly taking my time..

I: Any pains..?

P: Pains are all over.. you know, I do not know if it will be better.. I can only sleep on the one side..
and on my back.. I cannot sleep on this side.. you can sleep for five minutes or so, then it begins to
heat up.. then I would have to change and sleep on my back..

I: And sitting..?

P: I can sit on a chair, but not more than two hours.. I have to keep standing up from time to time..
and walk around a little..

I: Why, is it because of pain..

P: Because of pain, yes.. because of pain.. it seems not completely healed here..

I: So what about your chores around the home.. you said you cannot build by yourself
anymore.. what else can you not do anymore?
P: There is a lot I used to do by myself.. but now I can’t anymore so I have to instruct people.. or send my children.. I have ideas but I cannot implement them.. because I cannot bend for too long..

I: And.. since you injured your bladder.. don’t you have a problem passing urine?

P: At first it was not flowing well.. then they order another operation.. a certain doctor asked me about it and I explained that it was not flowing well.. and he recommended that I go to urology.. which I did.. then the doctor there treated me, and said I did not have problems there.. they made tests inserting their equipment there.. and he said the problem was not major.. that it also had to do with age.. and would not cause me major problems.. so now it does flow although not like before the injury.. but it flows well enough..

I: And number 2, bowel function..going to the toilet?

P: No.. it used to be problematic at first.. but now it is normal.. at first, it was a problem..

I: And then in terms of relationships.. you had friends before.. how has life been in terms of friends?

P: I do not have problems when it comes to having friends.. my friends are still good friends.. I am just not a person who has many friends.. people with many friends go to liquor outlets, and I do not do that.. my friends are my fellow churchgoers.. we still live the same.. when it is church time, we go.. if it is a vigil, we go.. just like that..

I: And the family relations..?

P: The family actually relies more on me than before.. in terms of advice and the like..even now one of them can phone me to check if I am doing well..

I: So you do not have problems there simply because you cannot do things like you used to?

P: No.. in terms of my work.. God gives us different things.. my gift is the ability to advise people when they have problems.. I have brothers at home.. when they run into problems, they call on me to help.. so it is not that I have a problem helping people now, it was not based on what I do with my hands.. it is advice..
I: The little bit of physio that you got from the hospital.. you said they helped you get out of bed and showed you how to use the crutches.. how do you think it has changed your life.. that little help?

P: You mean in terms of the physio or the injury?

I: Yes the physio now.. did it make any difference?

P: As far as I know, because I have never had such a problem before.. I did not know that physio’s had a role to play.. all I know is that I am living a normal life because now I can walk again, which is something I never thought would happen.. that is what I am grateful for..

I: Since you had an injury on the bladder.. let me say the pelvis in general.. do you find that you have difficulty in sexual activity or is it still the same..?

P: Well it is a fact that when you grow older, everything changes.. I have accepted it, and my wife has too.. that I had an injury.. sexual things and the like, are for young people.. I am already old.. even before the accident, I no longer had zeal for those things.. it would be once in a while.. and it would not be like it used to be before..

I: If you can wrap up.. what can you say about the quality of your life since your injury?

P: The quality of my life has changed because of injury.. I am not like I used to be.. what I regret.. I am a hard worker.. now I cannot be that hard worker.. whenever I try to, the pain holds me back.. that is the one thing that pains me.. because I like to do everything myself.. but now after the accident, I have to rely on somebody else to help me.. and that is not how I prefer things..

I: Are there days when you feel down or sad.. feelings stressed out, thinking about what is happening in your life..?

P: I do not have stress.. I never have stress in my life.. when it comes, I play my gospel music.. so I do not have stress.. because I realised that a person’s life does go through changes.. a lot of people have died because of accidents.. so now that I have survived, how can I worry because God has given another chance to life..? So I had to accept that a person can change.. one can be crippled.. I reminded myself through a guy we used to work with.. after I returned from the hospital, he would tell me that because I had been injured, I could not do anything anymore.. but today, he lost a leg.. he is here.. his leg got cut off, after those utterings.. he fell sick and they had to cut if off.. he just
came back from getting his treatment.. it shows that a person’s life goes through changes.. why did he lose his leg while he was seeing me as the helpless one because of injury.. but now I am seemingly better off because I can even walk.. and he has lost a leg.. so when your life changes, accept it! As long as you are still alive.. and you can still be with your children.. that is how I console myself.. that is why I do not stress..

I: Mr Mohlala, I think I am done with this interview.. but if there is anything you want to add.. or something you would have loved that I ask about..?

P: Well since I was not aware that you were going to ask about physiotherapy and the like.. what I want to know, is whether my foot will be better as it sometimes cramps.. it used to be stiffer here, but is better now.. so I encourage myself that it must mean that it will get even better.. even though there are no guarantees, but I have to believe that it will get better..

I: Thank you.. from what you said now, I realised that in terms of us as physio’s, there seems to be areas we can do better in.. because you say they did not treat you at the time you were still bedridden.. and that after that, they just made you walk around..

P: Yes.. I only saw the physio when I was about to be discharged.. waiting to get my crutches.. and he then showed me how to use them.. and when I could not use them, brought me a different kind.. and decided to use the initial ones.. but as I was still bedridden, I never got any treatment from them..

END.
INTERVIEWER: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: As you have said that you got injured in a car accident, please tell us what happened on the day of the accident?

P: I was crossing the road on Church Street.. and the car hit me and knocked me out of the road.. it was around seven in the evening..

I: What happened after the car hit you..?

P: I crawled on my hands and knees as I could not walk.. to the other street.. and got a taxi that dropped me off at home.. So when I woke up the following day, I could not walk.. they called me an ambulance from Kalafong Hospital to fetch me..

I: So when was it?

P: It was 2012 on the 23\textsuperscript{rd}..

I: 23\textsuperscript{rd} of 2012.. do you remember the month?

P: Er.. I forgot the month.. but I can look it up on a paper somewhere in the house..

I: You will look it up ok.. how long did you stay at Kalafong?

P: It might be better if I get that piece of paper as it has all the details..

I: You can fetch it.. x-rays too if you have them.. (he returns).. oh it was the 24\textsuperscript{th} of September..

P: Yes it was a holiday.. in 2012..

I: And got discharged on the 27\textsuperscript{th} September.. oh you stayed for three days at the hospital..

so Mr Maja.. before you got injured.. were you staying here?

P: Yes..

I: Before your injury, were you working?
P: I was not working.. I last stopped working.. in 2007..

I: What was your job at that time..

P: I was working at G4 Engineering in Ga-Rankuwa.. I don’t
know if you know it..?

I: No I don’t.. which zone?

P: At zone 15..

I: Oh I see it.. ok.. then stopped working.. so all this time, you had not been working..

P: No..

I: You were living as you are living now..

P: Yeah..

I: Please tell me about your injuries.. you said you got injured on the pelvis, and where else?

P: It was only on the pelvis..

I: Did you not injure your bladder?

P: No..

I: At the hospital.. what kind of treatment did you get.. at Kalafong?

P: They admitted me and gave me medication..

I: So were you bedridden in all that time or could you walk around?

P: I thought it was better if I did not sleep all the time, so I got off the bed and walked around..
and so on..

I: Were you using crutches?

P: Yes I was using crutches..

I: As you could walk around.. did physio’s come and give you exercises?

P: No.. nobody came to give me exercises..

I: Oh ok.. at the hospital, you were treated by the nurse.. and the doctor.. and who else?

P: I think that was it..
I: Them only.. any social workers that came?

P: No they did not..

I: The crutches.. how did you get them?

P: They gave them to me as I could not walk..

I: Who gave them to you?

P: The nurses..

I: And who showed you how to use them.. or did you improvise?

P: I had to find a way.. I kept falling on the lawn.. at first I could not use them..

I: So at the hospital, did they only give you medication.. did they not fit a catheter on you?

P: No they did not..

I: Did they also not put weights on your legs?

P: No..

I: So did you completely not do any exercises?

P: No I only did them after being discharged here at home..

I: And who showed you those exercises?

P: I would simply do what I thought would work..

I: Oh so you were just doing your own exercises.. ok.. after being discharged at Kalafong, were you given a return date?

P: No they simply gave me medication..

I: If I can just ask.. how has your life changed since your injury on the pelvis?

P: I got better but I think I am not completely healed..

I: What makes you say that?

P: If I were to lay down in the shade, I will feel pains when I stand up from there..

I: And walking.. don’t you have a problem with the walking..?

P: I can walk properly..
I: And you can walk longer distances?

P: Yes.. it is only when I try to run that I feel pains..

I: Ok.. were you playing any sports before the injury.. like football or hockey?

P: That was a long time ago back at home..

I: Do you have problems sleeping?

P: Sometimes after waking up, I would feel pains in the injured area..

I: Do you feel pains if you sleep in a particular position?

P: When I sleep like this..

I: Oh on your back..

P: Yes.. when I rise, I feel them..

I: Oh.. can you sleep on both sides?

P: Yes I can..

I: Can you sit well.. are there no issues with your sitting.. or are you fine?

P: I am fine..

I: Oh ok.. you can sit for longer.. and the urine.. are the no issues there.. is it a good flow.. is it not itchy?

P: No..

I: And then, number 2.. going to the toilet.. are there any issues there.. since the injury?

P: No..

I: The chores around the house.. what has changed since you got injured.. can you still do things on your own..?

P: No I can’t do everything like before.. only some..

I: Which ones can’t you do?

P: I can sweep with a broom.. but then I would have to rest and lay on the bed due to pains..

I: What else can’t you do.. you can sweep but when you wake up there are pains there..
P: Yes, when I stand up after resting, there will be pains..

I: And what else..?

P: There aren’t any others..

I: And the bending.. do you have problems bending..

P: Well it is the same as sweeping.. if I were to sit like this lay down this way, I feel pains..

I: And your friends.. do you still relate like before?

P: There are no problems there..

I: And the family too..?

P: No there are no problems there..

I: If we were to ask about sex.. do you not have problems there since the injury?

P: No.. there are no problems..

I: Everything goes well there..?

P: Yes..

I: Ok.. if you were to round up about the quality of your life.. since you got injured.. what would you say?

P: Like I said, sometimes I wake up being fine.. but sometimes I feel the pains..

I: Mr Maja.. is there anything you wanted to share, that I may have not asked about..?

P: I was wondering because I am not well now, is it possible for me to get a grant?

I: Ok.. you said you never saw a social worker at the hospital?

P: No.. someone gave a pamphlet from RAF.. but then they kept sending me from pillar to post so I gave up..

I2: Who gave it to you.. was it a lawyer or someone from RAF?

P: I think it was a lawyer at the hospital.. some lady at the hospital.. she may have been a social worker.. she deals with such issues.. she gave me a paper which I took there, but they were not helping so I gave up..

I2: You have to follow it though.. you got injured, you got broken.. here is the evidence..
RAF usually pays out if you got broken.. they have to pay you.. so the first thing you can do is to check.. you said it was September 2012.. if possible, reapply.. but don’t be impatient.. it takes a while.. the first place is the hospital.. ask for forms and reapply.. was there anything else?

P: No I wanted to know if I can get a grant..

I2: So you actually want a grant?

P: Yes..

I2: Getting a grant is not that easy to get if you can walk like you do.. because they assess the disability.. they don’t base it on you having pains.. you can try.. maybe you can get it for a year.. but that is if you keep getting treatment, after which they have to assess you again.. so it is problematic.. so in terms of the quality of your life.. before the injury.. and now.. as far as you can see..

P: As I say, I feel I am not completely healed.. I get pains..

I2: Ok.. alright..

END.
I: As you said that you had an accident.. can you tell us more about the accident you had?

P: As to what happened..?

I: Yes, what happened?

P: I was driving from here at home.. testing the car.. after fixing it.. it was actually fixed by then.. I was going to put petrol in it.. so I could go to work with it in the morning.. and maybe 500 metres after joining the R25.. then came another car.. it was speeding.. he was driving on my lane.. so I flicked my lights to warn them to move to their lane.. then they moved back into their lane.. when we were close by.. then they came to my lane at that high speed.. I was driving slowly.. I had just got into the road.. so they hit my right hand side.. it was a collision.. that is how the accident happened..

I: Do you still remember, when was that?

P: It was.. 2013.. on the 5th or 6th.. but then it was a Sunday..

I: Which month?

P: October..

I: So after that accident, what happened?

P: After the collision..?

I: Yes..

P: I was unconscious a bit.. but then I came to.. because after that.. I had hit the steering wheel with my chest.. I won’t say I fainted but I was out for a bit.. but then I woke up and saw almost everything.. until the ambulances arrived.. and all those things.. because I was trapped in the car.. I could not go out.. both my legs were trapped.. then they came and helped me out..

I: Did you have your seat belt on?

P: Yaa..
I: So when the ambulance came.. were you taken to the hospital?

P: Yaa..

I: Which hospital?

P: Steve Biko..

I: Steve Biko Hospital?

P: Yes..

I: Ok.. so you were there until when?

P: I was there until.. around the 3rd.. of November.. almost the whole month..

I: So can you tell me about the injuries you sustained. I know you did tackle a bit about the parts that were hurt..

P: Ok.. I had a fracture on the pelvis.. and a fracture again.. here..

I: Femur..

P: Femur, yes.. and the other one on the right.. and the left ankle..

I: You got treatment, isn’t it, at Steve Biko..

P: Yes..

I: Do you still remember what treatment you got?

P: Like.. pills and so on..?

I: Maybe they operated on you..

P: Yes they operated on me.. they first operated on the femur.. and the ankle..

I: Oh on the opposite side?

P: Yes on the opposite side.. they did those first.. then they worked on the lungs.. because they were.. affected a bit.. I could not breathe well.. and then.. after two or three weeks, they operated on my pelvis..

I: Were you admitted in ICU? Were you connected to any machine to help you breathe?

P: Yes.. it was not really ICU but High Care..
So they operated.. did they put..

They put in.. clips..

Staples

Yes, staples.. here on the knee.. and screws..

In the opposite ankle..?

They put screws in the opposite ankle as well.. and that plaster..

Was there a time when you were in bed, when they hung weights on your legs..?

Yes there was traction here on the right.. not sure if it was for the femur..

Yeah it could have been for the pelvis.. and in that traction, how long were you in it, can you still remember?

After they operated the femur.. I stayed in those weights until they operated the.. the pelvis.. then that is when they removed the weights..

Oh after they operated the pelvis, they took away the weights..?

Yeah they took away the weights.. because after they operated on the pelvis, when I woke up, the weights were not there..

During that treatment.. when you lying there in bed.. who else treated you? Of course, it’s the doctor.. who operated on you.. the nurses.. who else?

There were those doctors who train you..

Physiotherapists..?

Yes..

Ok.. can you still remember the exercises they made you do? Or maybe not exercises but anything they made you do..

When they first came.. they were testing how long I can hold my breath and things like that.. and then after they operated on the pelvis, that is when they started the physio for the knee.. so I could bend.. then they started training me to start walking with crutches..
I: So before your pelvis operation, you were bedridden for some time. They operated on the femur and they left the pelvis and you were in traction? You did not do any exercises with the physio at that time?

P: No no.

I: Nothing? So that was something like two weeks?

P: Yeah I think it was two weeks.

I: Were they doing the chest at the time?

P: Yaa.

I: The time when you were still lying in bed?

P: Yaa.

I: Ok. when you got discharged. were you given exercises to do at home?

P: Yes they gave me exercises. but it was for the knee. and being able to sit up straight.

I: And then. did you go back as an out-patient for the physio?

P: No.

I: So they did not give you any date. or you decided not to go?

P: They did not tell me to come back at a later stage for physio. so I trained for myself so I could walk and so on.

I: Any advice that they gave you. when you left the hospital?

P: The advice they gave me was that I should not lift heavy things.. I must take everything slowly. so I can heal.

I: Ok. Can you tell us briefly. how did the fracture of the pelvis change your life?

P: The fracture changed. I cannot run. when I try, I can feel here that there is a pain there. even when trying to pick up something from the ground, if it is heavy, I cannot pick it up. and when working in a bending position, I can feel it here. I get worn out quickly.

I: So you talk about walking. that it affects you. especially walking fast. what if you walk slowly?

P: That is alright.
I: If you walk a long distance?

P: When walking long distance, it is only the knee that troubles me..

I: And then sleeping.. does it give you any problems?

P: No..

I: You can sleep well.. no pains there?

P: No..

I: And sitting.. like you are sitting now?

P: Sitting is fine..

I: How long can you sit?

P: I can sit a long time..

I: And you said urinary function, you do not have any problems there?

P: No..

I: Can you.. as you like, no problems?

P: No..

I: Ok.. and.. and when doing number 2..? Any problems?

P: No.. yaa I think.. at first I did not face any challenges, but then now.. I can notice there is a difference..

I: Difference how?

P: Maybe I take a long time to erect and so on..

I: Ok.. you take a long time.. like days before you can go to the loo or when you go to the loo then you have problems..?

P: Yaa..

I: And it takes longer?

P: Yaa..

I: And urine..?
P: No.. urine, no problem..

I: No problem.. just the same as before the accident.. and then you spoke of.. the chores you do at home.. you said lifting things gives you problems.. what else is giving you problems.. in terms of things you do here at home..?

P: It is that lifting.. and things like that.. and standing for long.. I start feeling pains here and there.. and at the back..

I: You have friends..?

P: Yes..

I: How have things changed since you got injured?

P: No my friends are still the same..

I: Still the same..?

P: Yeah..

I: And the family..?

P: No the family is also still the same..

I: At the time you got injured.. were you doing the same job that you are doing right now..?

P: On the weekends.. but during the week, I was working in Pretoria, doing civil plumbing..

I: Ok.. and now..?

P: Now.. at the time of my accident.. our contracts were expiring in October.. so the job was going to stop anyway.. and that is when I stopped working..

I: So what led to you not trying to renew the contract?

P: The contracts were annual ones.. that company had finished the job anyway.. just a little work left behind.. so they also have to go and find another job at another department.. then only can they hire..

I: So you just decided not to go back after..?

P: Yaa..
I: Most of the time.. when people go through an injury like this, they complain about discomfort.. about pain.. what can you say..?

P: The pains do come.. but it is not for long.. and then they go..

I: What makes them go.. what do you do?

P: Sometimes it is just lying down a bit.. rest a little.. and I am fine.. and when it gets severe, you have to take pills and so on..

I: How often do you take pills?

P: It is not that often..

I: Do you find yourself, during the day, needing to lie down?

P: Maybe after having something for a long time.. like bending and so on..

I: Can we just go back to the physio that you had been receiving.. how did it change your life?

P: Physio..?

I: The exercises.. how did they change your life after your injury?

P: They helped me because after they operated on me, I could not move and rise on my own on the bed.. I had to prop myself up with pillows so I can stay up.. but after the exercises, I could sit up straight..

I: So at discharge, were you discharged with the crutches?

P: Yaa.. they discharged me with crutches..

I: So when did you stop using them?

P: I went back there after a week or two.. then they removed the stitches.. all the stitches I had.. then changed the plaster.. put on a new one.. then after two weeks I think.. or three.. I went back and they removed the plaster.. then I could walk with one crutch.. then after a week or two, I could walk on my own.. without any crutches..

I: So that time.. you only went to the doctor.. you did not go to to the physio’s..?

P: No..

I: Sexual function.. can you tell us more about that.. how has it changed since.. your injury?

P: There is a big change but.. not that significantly but there is a change.. sometimes I find it difficult to get erect.
I: Any pain..?

P: No, no pains, no..

I: Ok.. just to wrap up.. how is your quality of life.. since you got injured?

P: It has changed because, I can’t do the things I used to do.. like doing things quickly.. like walking.. and so on.. and bending for a longer time.. that has changed now.. I have to find someone to help out.. like lifting heavy things..

I: In case there is something that you would have loved to share with us, that I may not have asked.. before we close the session..? Looking at the exercise you did at the hospital.. or the way you were treated or anything.. concerning your life.. pertaining to your injuries..

P: At the hospital, I was treated well.. even though they did not make me do that many exercises like I do here at home.. my sister also had a fracture.. so she knew what exercises to I should do.. then she started to exercise me herself..

I: Alright.. thank you very much.. Mr Tshabalala..

I2: I am interested in the exercises you did with your sister.. how long did you have to do them until you were fine?

P: After I returned from the hospital, she started training the knee so that I could bend it.. even more than I did at the hospital.. and she helped me with sitting up.. she would pull me so that I stretch out straight.. that is it..

I2: How long would you say you did that?

P: It was almost.. around two weeks..

I: Looks like you have on a brace?

P: Yes I am wearing a knee cap..

I: Why?

P: When I walk without having it on, the knee wobbles a bit.. and I can’t balance properly.. so when I have this thing on, it gets better..

END.
TRANSCRIPT 12

INTERVIEWER: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: As you have already said, you had an accident.. can you take us through that?

P: Should I tell you everything from the beginning? How the accident happened..?

I: Yes..

P: Ok.. I was standing outside a car.. the car was parked next to a wall.. and I was standing in-between.. then a car came.. it was supposed to turn.. instead it came straight towards us.. where we had parked.. I was with my friend.. the car hit our car and it squashed me against the wall.. I fell down.. it was hard to stand up.. I was disorientated.. I was taken by ambulance.. and struggled to keep conscious.. it took a while for me to walk properly again.. after the first operation.. which they said had failed.. so I waited for a long time.. don’t know how many years using a catheter.. then they operated.. then it troubled me again.. there was a blockage somewhere.. I went a long time using the catheter.. I could not sleep, I could not do anything.. it was hard.. I was always in pain.. it only got better after a had hired some lawyers who arranged for me to see specialists.. and eventually got helped by urologists.. at a private hospital.. I paid seventy thousand rand.. so I could be at the state I am in now.. public hospitals did not help me!

I: When was that?

P: Oh.. I think.. 2007..? It may have been in 2007..

I: Not 2008?

P: 2008 yes..

I: Can you recall the month?

P: I think it was.. August..

I: August 2008..?

P: Yes..

I: So you said, you came to when you were at the hospital.. which hospital was that?
P: I was awake all along.. but the pain I experienced that day.. when they took by ambulance, I was in such a severe pain.. I had internal bleeding.. that was the trouble.. it only subsided in the early hours of the morning.. I don’t know how I fell asleep.. they gave me a catheter upon realising that I was struggling to pass urine.. when they assessed, they found that the urinary tract had been damaged.. it took them a long time to put it together.. I think I spent three years.. in pain.. using catheters.. my poor partner persevered with me all that time, not doing anything.. I finally did the operation.. last year.. at a private hospital..

I: Ok.. from the scene of the accident.. the ambulance took you to a hospital.. which hospital was that?

P: Steve Biko..

I: Steve Biko?

P: No, not Steve Biko.. it is Tshwane.. they first took me to Tshwane, then to Steve Biko in the morning..

I: And how long were you in Steve Biko?

P: I think it may have been.. two weeks.. I spent a week bedridden.. and they said they could not operate.. not sure what they meant.. but they operated.. but the operation did not go well.. and they released me after a week.. told me to go home with the catheter.. I still had pains in my bones.. I could not walk.. I was using crutches.. when I left the hospital.. they wanted me to be stronger first.. before attempting another operation.. they booked me for the operation.. I think it was the following year.. imagine being in that state, and they tell you of an operation they will attempt in the next year.. in the meantime, you simply go for treatments and check-ups..

I: Ok.. can we go now step by step.. you were admitted.. at Steve Biko.. Steve Biko you were in bed.. for some time.. they operated on you.. you went there the following morning.. from Tshwane hey?

P: Yes..

I: What did they do?

P: They fitted a catheter..

I2: So it was a super-pubic catheter?
P: Yes that is the one.. the super-pubic catheter..

I: So after the catheter, what happened?

P: They said they would operate my bones..

I: When did they operate?

P: I think a week went by.. before they could operate on the bones. I don’t know how the bones got mingled together.. they tried stretching them.. it was difficult.. but they healed eventually..

I: Can you still remember.. were you injured in one part of the pelvis, or was it a number of bones.. in the pelvis?

P: No.. it was one part..

I: So they put on this catheter.. you were lying in bed for a week.. at that time, before that operation.. did the physio help you with the exercise?

P: No.. physio came after the operation of the bones..

I: So you were operated on after a week.? A week later.? So how long after the operation did the physio come?

P: I think after two days.. and then I was exercised once or twice.. can’t remember.. and then, I could exercise by myself at home..

I: So after the two days of the physio.. were those exercises in bed or out of bed?

P: I was.. out.. I think the physio was preparing me to start walking again.. and advised me to keep being mobile and I would be fine.. so I kept trying..

I: So after the physio, were you discharged immediately or were you still in hospital but the physio stopped coming?

P: Yaa.. the physio stopped coming..

I: So after the two days.. how long were you in hospital before you were discharged?

P: I can’t remember.. maybe three days or a week..

I: So when you were discharged, you had crutches?

P: Yaa.. crutches and a catheter..
I: Were they the crutches that you were helped with by the physiotherapist?

P: Yes..

I: And when you were discharged, did the physio give you any exercises to do at home?

P: No..

I: No? Any advice?

P: No..

I: Except the pelvis.. and the urinary system that was disturbed.. is there any other injury that you sustained? Can you still remember.. lungs anything..?

P: No..

I: So basically, in hospital, you were there for something like a month?

P: Less than a month..

I: Less than a month?

P: Yes..

I: And you were discharged?

P: Yes..

I: And then you said you went back?

P: Yes.. just to check.. it was just a treatment.. not another operation.. I was always going there just for treatment.. they booked for another operation maybe.. after a year.. that is when they operated on me.. then they changed that catheter and put it under.. and I used it.. for two weeks.. when the doctor checked it, he decided I was fine.. and they took it out.. I went on without the catheter.. and went back to my life.. but it was hard.. it was difficult.. because later, I started to have a urinary problem.. it would flow out painfully.. at times it would flow well.. so I went back.. they checked me and suggested it may have been a blockage caused by stones.. I went back home, but it started again.. so I had to go back to the hospital, and back on the catheter again.. I think I had four operations in a public hospital.. and the last one was at a private hospital..

I: Ok.. how has the pelvic fracture changed your life?
P: Oh.. a lot! I am no longer as active as I used to be.. running.. one is always mindful of one’s condition.. I am always taking pills.. and sometimes.. it affects my wife.. because one is not functioning like one used to.. that is how it has affected my body.. and even now.. but at least after the operation at the private hospital.. I can say I am normal.. I used to play football and a lot of other things.. but now.. I do not have the strength to handle heavy things.. only the light ones.. where I can’t, she has to step in.. I only do the simple things.. or I have to ask people to help me..

I: Which job were you doing before the accident?

P: I was a welder.. I used to spray.. weld and spray..

I: And now.. what are you doing.. is it the same things.. the same job?

P: Even if I try to weld, it becomes difficult for me.. I have to show them what to do.. I cannot finish a job alone..

I: Ok.. you say this fracture of the pelvis has changed your life a lot.. you talked about walking..

P: Er..

I: Just ordinary walking.. you said you can’t run.. you can’t play sports.. so walking.. can you walk a long distance.. or how does it affect you?

P: Eish.. I can’t.. I get tired a lot..

I: Even if it is just ordinary walking, not running..

P: Ordinary walking I can do, but I should not do long distances.. like walking to there (he points), it’s not far.. if I walk long distances, I will suffer lots of pains after.. because this leg never healed properly.. and took a long time.. and my body.. my system does not function like it used to.. I can’t play football anymore.. running.. running is risky unless it is not a long run.. because when I stop, I will be drained..

I: Sleeping.. are you able to sleep well?

P: I used to have a problem sleeping..

I: So now you don’t have problems sleeping?

P: Oh now I just sleep as I wish.. unless woken up by pains.. because also the urinating.. I urinate in short intervals.. because my bladder fills up quickly.. and one does not urinate like before.. it is
not like before.. those are some of the things one deals with.. but I used to have a real problem sleeping.. even my wife could tell that I was suffering.. sometimes I need sleeping pills to sleep..

I: Was your lack of sleep caused by pain, or by anxiety?

P: I was thinking a lot and the pain as well.. I would take more than the dose recommended by the doctor.. so they could calm me down and I could sleep..

I: Ok.. and then sitting.. like you are sitting now?

P: I get tired.. that is why I bought this chair.. so that I can stretch out sometimes.. I cannot sit for too long.. in an upright position.. even with sleeping.. I cannot sleep a long time on one side..

I: I think we talked about urinary function.. unless there is something you would like to add there.. you said you don’t urinate like you used to..

P: Not like before.. now there seems to be a limit.. it is not too much at a time.. unless I had a really big drink of water..

I: And then bowel function.. number 2?

P: What is that?

I: Er.. toilet..

P: Aah.. no problem.. unless there is a pain.. if I hold my urine for a long time..

I: You talked about activities that you do at home.. that sometimes you get help.. what type of activities are you talking about.. domestic chores where you sometimes need help.. you said you could not..?

I2: Clean the yard with a spade..

I: Ok.. other than that, what else gives you a problem.. with regards to chores around the house?

P: It is in terms of the work at my business.. I cannot do it by myself.. but it is the kind of job one can do alone.. but I can’t do it alone..

I2: It is a welding business, right.. oh and ice cubes?
P: Well I can’t call it a business because it is not registered.. but it is a service I provide as there is a demand for such work.. so I cannot do too much work, and if I have to then I will have a problem afterwards..

I: And your friends.. how has this accident affected your relations?

P: (sighs).. I have had a lot of support from my friends.. I have never suffered for anything.. they help me a lot.. if it was not for them, maybe I would not have survived.. that is, my wife, my family and my friends.. if it was not for them.. maybe I would have died of a broken heart or something.. because one thinks a lot.. but as long they encourage one and spend time.. you find yourself being cheered up and forgetting your pains.. it is when you are alone that you may start brooding.. that made me survive..

I: And how has it affected your family relations.. I know she is part of it, you have already spoke about her.. but generally, how has it affected your family relations?

P: You will notice.. when they think you are fine.. they give you something to do..like work.. and you tell them you are not well.. then it is as if you are sulking.. whereas you know that you cannot manage.. I am the one going through this.. for instance, we dig our own graves here.. being the elder one around at home.. I am expected to help out if there is a bereavement in the community.. and I find that I cannot go because I know the issues I have.. but people think I am snubbing them.. that affects relations..

I: The physio you received for two days at the hospital.. how did it change your life at that time..?

P: It changed me by giving me hope that I would walk again.. I was always bedridden.. I used crutches to walk around.. and I could not be reassured that I would be my old self again.. so he encouraged me that I would walk again.. he could see that even though I could not.. I was only convinced while I was back home.. when I stopped using crutches and walking by myself..

I: Can you just elaborate.. when you talk about sexual activity.. would you like to elaborate?

P: Sexual activities..?

I: Sex.. how has it been affected? I know you had a catheter.. but then it was taken off.. how many years now have you been without a catheter?
P: Mm.. I cannot tell you how many years it has been because.. they would put it in, take it out.. out it in, take it out.. but up to so far, the longest I have stayed without it.. it is since last year after the.. early last year after the operation.. (January..)

I: So how has the sex life changed.. or been affected..?

P: It had changed because.. sometimes you want to but you just get bored.. sometimes the erection is on and off.. that has been the problem..

I: Any pain or discomfort?

P: The pain I would sometimes have, has to do with the urinary system.. and back pain..

I: You talk about thinking.. about.. this.. can you tell me some more.. do you feel depressed?

P: I do not know how you will take this but.. eish.. I have a short temper now.. because if get upset, I cannot hold it.. even when driving, I get too emotional.. or I keep quiet a lot.. if I am not fine.. she gets puzzled.. I keep quiet when there is something bothering me.. sometimes talking helps me.. crying also helps.. I get relief.. but what concerns me is the temper.. when someone upsets me, it takes me back to the suffering I had.. that is why I avoid being upset.. because the family can also pressure me.. they always want help.. and if you cannot help, they start making remarks.. it is a lot of things that they do to make one think too much..

I: Ok.. just to wrap up.. I know you have already touched on this.. but if you can just summarise.. and you tell us about the quality of life since.. your accident..

P: (sighs).. should I describe how my life has been up to so far..?

I: Yes..

P: I would say it is fine because.. I can eat.. even though I am not employed, but self- employed.. I would not be able to have what I have if it was not of the accident.. without the accident fund, I would not be where I am now.. that is how I could restore my life.. because I was stuck.. I could not go to work, I would just sit at home.. but when the funds were released, I decided to start my life over.. and stop the anxiety..
I: I think I have asked everything I wanted to get from you, but maybe there is something you wanted to tell us about.. maybe when you were in the hospital, whatever you think that I did not ask about.. or in your life.. just to wrap up..

P: At the hospital they tried to help me.. but public hospital.. can lead you to commit suicide after being discharged.. because.. the doctors are fine.. but the nurses.. it is like every time you go to the hospital, you irritate them.. because they are used to you.. they would discourage you by asking silly questions.. and it makes you think the worst.. that affected me.. there was a certain nurse.. the day after the operation.. she was forcing me to get off the bed.. and I was in such a severe pain.. she made me feel really bad.. imagine being in pains and someone comes and talks to you like that.. but the private hospital.. even though it is more expensive.. they will treat you well..

I: Thank you very much..

END.
INTerviewer: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: Can you take us through the time you got injured.. when you got the accident?

P: Oh.. Should start talking about how it came about..?

I: Yes..

P: It was the 25th.. of May.. 2013.. I was on the road from the hospital in Philadelphia.. going to the M30.. as I kept going, I arrived at a place called Zenzele.. there was a car that moved from its lane to mine.. then it hit me.. from the time it hit me, there was a lot of commotion.. I did not even feel that I was hurt at first.. because I had passengers.. I was driving a taxi.. I was concerned about the lives of the people in the vehicle.. it took.. maybe a second.. when I tried to stand.. I could not move my body.. from the waist down.. I had no sensation there.. I could not even move my legs.. then the community came to help and the paramedics arrived.. then I was taken to the hospital.. on arrival, we were seen by a doctor, taken to x-rays.. went back to the doctor.. and found that my legs had fractures.. found a fracture on the right femur.. and the pelvis.. was also injured because I could not even sit.. I could only lay down.. we stayed at the hospital..

I: Which hospital was it?

P: The Philadelphia Hospital.. I stayed for.. the accident happened on a Saturday morning.. on the 25th.. then on Friday, I was transferred to George Mukhari Hospital.. they admitted me.. I just do not remember the date of the operation..

I: So which year was that?

P: 2013..

I: 2013.. the month?

P: 25th May.. so I left on the 31st May to be transferred to.. George Mukhari.. I am not quite sure of the date, but it could have been the 6th or the 7th of June.. when I was operated on.. when I arrived, both legs were swollen.. one could not quite tell what was going on because I was also chubby.. they operated on me and took me back to the ward.. it was ward 11 or ward 12.. somewhere there.. from there, my legs were swollen.. then they put on those weights, and I had to be bedridden facing
up.. till around.. somewhere in August.. because around July, they took me from George Mukhari to the hospital here.. I was going for treatment in George Mukhari.. then they took out the pelvic supports.. and the weights.. then in September.. that is when I was discharged.. and I came home..

I: So at George Mukhari.. you were there for two months..?

P: Yeah..

I: And then you went back to Philadelphia.. and there you stayed for a month..

P: Yes..

I: And in September you were discharged..?

P: Yes.. around the 20 something there.. and discharged me.. and started attending physio and seeing doctors because.. sometimes my legs would get septic.. especially here.. I would get septic.. so I would go constantly so they keep an eye on it.. only to find that the left leg was healing.. but on the left leg, they had not noticed that the was a clot around my bones.. so I was always going to the hospital until.. 2015 around January if I am not mistaken.. that is when they told me that my recovery is due to the physio..and that I should come if I have pains.. so they can keep abreast with my leg.. because the doctor who attended to me in Philadelphia told me that my leg was badly injured..and the ligaments were damaged.. so if was operated on, it could damage the nerves and that could lead to a loss of sensation on the leg.. so he gave me a year.. so he gave me pills.. but I do not know if it is only my belief, but they tend to have side effects internally.. with the liver and so on.. and may create ulcers if you take them exceedingly.. most of the time when I felt pain, I would buy my own painkillers.. and it would be better.. but up to so far, it has been a while since I took a pill.. so I only feel pains when there are clouds.. but it is not severe pains.. all I need to do is to elevate and keep my legs warm..

I: You said you attended physio.. if I can just go back to the George Mukhari.. in the two months you were there, did you attend physio?

P: No I did not..

I: No exercises ob bed..?

P: No..nothing..

I: And then, the physio you started seeing at Philadelphia..?
P: Philadelphia Hospital. after. August. [Inaudible 06:45 to 07:31]

I: So you only started the physio after they ahd taken out the weights.?

P: Yes. after they took out the weights. the first thing I noticed was that I had no balance. if I had to stand up on my own, I would fall. I had to lean against something. when they removed the wires and the plaster, I had pains. but the following day, the pains were gone. I would take the pills when I feel it. The movement. was difficult. but I kept trying. I would take small walks. but until now, the joints are problematic. because here, I swell up sometimes.

I: So how has physio changed your life?

P: Physio has helped me. because I believed I would never be able to walk. I can walk now, but not a long distance. when I walk for longer, I can feel the ligament under straining. and when I walk a while without crutches, the side here feels as if it is torn again. like it came apart. even on my feet I get that sensation. I spent two or three days not using them, then I felt that there was something not quite right here in my legs.

I: So.. you said after being discharged at Philadelphia, you kept on going as an out-patient. and going for physio.?

P: Yes.

I: And when did you stop physio.?

P: I think it may have been January or February.

I: So. were you given exercises to do at home.?

P: Yes they did give me. I also use the bicycle sometimes. and the ball. so that I can strengthen my upper body and my legs.

I: So how has the pelvic fracture affected your life. how has it changed your life?

P: Well it really has changed. because the things I used to do. I cannot do them anymore. because when I sit. like I would sit here when it is hot. a hard surface. I would feel a pain here on the spinal cord. or if I get cold. but it only happens once in a while. and if I go to a soft place. or if I go to sleep, then pain will go.

I: Let us talk about walking. you are able to walk.?
P: Yes I can walk..

I: The problems you have with walking.. what happens?

P: My problems are here on my feet.. and that the ligament here at the back strains.. according to my observation, I think I should step this way on this foot (demonstrates)..

I: When walking long distance, what happens.. you get tired.. what is it?

P: I feel pain..

I: What about when sitting like this?

P: I do not feel pain when sitting..

I: And sleeping..?

P: I do sleep.. but not on the side with the injury.. if I do not sleep in a good position, then I will not sleep for long..

I: Why?

P: I will experience pain.. plus my leg is no longer well..

I: And.. urine..?

P: Urine.. I would say it flows well.. I do not have any problem.. only.. going to the toilet..

(Inaudible 13:18 to 13:45)

I: Ok.. the daily activities at home.. how are they affected.. like the garden for instance?

P: I clean by myself.. I can do my laundry.. but I have devised my own way.. when cleaning, I do not stand for long.. because otherwise, the pains come and the body gets tired.. and I cannot wash standing.. I have to sit down and wash myself..

I: Your friends.. how have the relationships been affected since you got injured?

P: The relationships got affected.. I would say with the one friend.. I have seen true friendship.. because when I got injured.. he was the one who would.. even buy clothes.. he would help the mother of my child.. buy what was needed.. I took him as my brother.. if i am in difficulties, he is the one I run to..

I: Did the others disappear into thin air?
P: The rest disappeared into thin air.. some friends only need you when you have something.. because right now, I do not move.. secondly I am always at home.. maybe they think they have to come with money.. whereas I am even thinking that.. others seem to feel pain.. I don’t know.. because people have different ways they respond to things.. sometimes when you talk to someone, you can tell they have a certain pain they are dealing with.. things have changed between us..

I: In terms of the family.. how have relations changed?

P: With family, the relationships are fine.. there are no problems.. because they also have their own things that they are doing.. I do not take my problems and make them somebody else’s.. I grew up doing things for myself.. sometimes I would fix a car.. I used to fix cars.. sometimes I would drive the taxi.. so if not driving, I would fix car on the side..

I: So you can’t drive the taxi and you can’t fix cars like you used to..?

P: Yes I can’t.. I can actually fix cars, but I get tired and my leg bothers me.. and when it swells up, it burns inside.. I get pains..

I: ... how does that make you feel?

P: I am really grateful to be alive.. it will not help me to cry.. only God knows.. as a driver, I have seen many accidents on the roads.. many did not survive..

I: Can you tell us a little bit about your sexual life..

P: My sexual life is still the same.. I cannot complain.. except that I get tired.. otherwise it is fine.. my partner and I get creative so we make it work..

I: You have said a lot.. but can you just summarise.. the quality of life.. since your injury.. how is it?

P: Can you classify it so I can answer accordingly..?

I: You spoke about what changed.. but if you can just summarise the quality of your life..

P: Oh the quality of life.. for now, it has changed.. it is not like before.. because I used to be able to do a lot of things.. I could move.. but now I can’t walk a longer distance.. for instance, to go out and see friends.. I don’t even visit.. unless when someone comes with a car and take me there.. but I don’t go out anymore.. I still have.. is it a fear or..
I: I think we are finished. but if there is some information. regarding treatment. at the hospital. at the George Mukhari Hospital. anything else that you think I did not ask.

P: Ok. at George Mukhari. they treated me well. more than our own hospital here. the nurses were fine. the doctors were fine. coming back to our hospital here. it was difficult to do the number 2. so I would wear nappies. and I could not control it. so I would get hurtful words from the nurses. I could not use the nappies and they would accuse me of sulking. at George Mukhari, the treatment was one hundred and twenty percent good. they made me feel at home. like my second home. the treatment at the local hospital. is not right.

I: Thank you very much.

I2: I just wanted to find out more about the physio services. do you remember if you got the physio while still bedridden?

P: Yes inside the hospital.

I2: And then again after you were discharged?

P: Yes.

I2: Here at Philadelphia Hospital?

P: Yes here at Philadelphia Hospital.

I2: How long did you get physio?

P: It was a long time. really long time. I can say exactly but, 2013. 2014. I was going for physio. and 2015 early. around January or February. that is when they realised that. the exercise was a waste of time. they were convinced they had done all there was to do. and that I should come back if I had severe pains. they did not tell me to stop coming. my only concern is my feet. I can’t even wear shoes. I have to choose my footwear.

END.

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TRANSCRIPT 14

INTERVIEWER:  I     INTERVIEWER 2:  I2     PARTICIPANT:  P

I: You said you got injured as a pedestrian.. Please explain to us what happened on that day..

P: I was walking on the road we came with.. a car came to the pavement and hit me, crushing me against the shacks along the road..

I: What happened thereafter?

P: Like..?

I: Did people come and help you.. did police come.. what happened?

P: People came.. they phoned the ambulance.. it arrived and took me.. police also came..it took me to Kwa-Mhlanga (Hospital).. then to Steve Biko..

I: How long did you stay at Kwa-Mhlanga?

P: I stayed one day.. I arrived around this time.. the following day I left.. I: To Steve Biko..?

P: Yes..

I: Ok.. when was it.. the date?

P: Date..?

I: Yes..

P: 25 April 2013..

I: How long do you think you stayed at Steve Biko..?

I2: You said 25 April 20..?

I: 2013!

P: 2013!

I2: Ok..

P: I stayed for two months one week I think..
I: Two months one week at Steve Biko.. Can you tell us more about the treatment you received at Steve Biko..?

P: How they treated me..?

I: Since you came injured.. what did they do for you?

P: They treated me well and.. put all sorts of things..

I: What sorts of things?

P: They fitted the..

I: They fitted the traction that pulls you down with weights..?

P: Yes..

I: Both legs?

P: Just the one

I: Which one?

P: The left hand one..

I: Left hey..

P: It is the one that got injured..

I: It is the one that got injured..?

P: Yes..

I: Ok.. and then what else did they do?

P: And then they fitted..

I2: Pins or pieces of steel..?

I: Did they insert pieces of steel here? Oh an external fixator.. ok.. and then the catheter for the urine..?

P: Yes they put that in as well.. it was always there..

I: Then gave you pills..?

P: Pills and oxygen as well..
I: Ok.. and did you for another operation.. on the injured leg?

P: I first got operated on the leg.. maybe I stayed for five days or so.. then went for the pelvis one..

I: And then the traction.. was it fitted after the operation on the leg or was it before?

P: After..

I: Oh it was done after.. so you went for the operation on your leg, then they fitted the traction.. then they put in the external fixators.. so the catheter was already fitted in at that time..?

P: Yes it was already there..

I: They had already put it in.. so at the hospital, who else treated you except the nurse and the doctor?

P: Who else..?

I: Yes.. you were treated by a doctor.. and a nurse.. and who else?

P: Nobody..

I: Did nobody come to make you do exercises?

P: Oh the physiotherapists.. they were also there..

I: Were they there?

P: Yes.

I: Ok.. social worker.. do you remember others?

P: I do not remember..

I: Ok.. let us talk about the physiotherapist.. what did the physiotherapist make you do? Were you bedridden at the time?

P: I was bedridden.. I could not move my arm.. we exercised the arms first.. and the chest.. and they trained me to walk again.. I: Back to the physiotherapist.. when did you start seeing the physiotherapist.. you were on traction.. you had those pieces of steel.. and your legs were operated on.. then when did the physiotherapist see you?

P: When I was recovering.. getting much better..

I: The time you were bedridden, didn’t the physiotherapist come to see you?
P: The physiotherapist did come.. while I was still bedridden.. started while I was there.. I: Ok.. let us start over.. you were operated on your legs first..?

P: Yes..

I: Immediately put in the traction?

P: Not immediately.. it was after three to five days.. I had already been there a month before the physio came.. when the physio came, the pains had subsided a lot..

I: Ok.. the physio came when you already had pieces of steel here..?

P: Yes..

I: Almost after a month of your stay at the hospital.. alright.. the exercises by the physio.. how did they change your life?

P: They made a big difference because I could not sit up like this.. so they trained me to sit.. and to walk because I was bedridden for a long time.. I did not have strength.. once you stay a long time not doing anything, you can’t even hold anything.. it made a big difference..

I: And then, at discharge.. the physio would give you a home program, as to what to do.. were you shown what to do when you are home? Did they show you what exercises to do at home.. any advice? You do not quite remember..?

P: No..

I: Ok.. the time you were discharged from the hospital, did the physio give you a return date for more physio?

P: I did not go back to physio..

I: Did they give you a date?

P: No.. they never did..

I: At home, how did you do.. did you continue with the exercises? P: I would do some.. and walk around so I do not just sit around..

I: Oh so it was your own initiative, not something you were told to do.. so.. how has the pelvic fracture changed your life? How did the accident change your life?
P: It has changed because there are things that I cannot do anymore.. like.. bending.. I can’t bend that much anymore.. and standing for long.. I would feel pains if I stand for a long time..

I: How is the walking..?
P: I do walk well.. it gets better with time..
I: It gets better..? Ok.. can you walk a long distance?
P: I can walk from home to here.. and back again..
I: Ok.. and sleeping.. any problems?
P: Right now there is no problem..
I: When did you stop having problems with sleep.. you got injured in 2013.. at the beginning of this year, did you still have problems sleeping?
P: No..
I: When did the problem end?
P: I could not even turn.. turning and sleeping on my tummy..
I: So since last year you could do it..?
P: Yes..
I: So it took you something like one year not being able to.. or how long was it?
P: Yes it took me a long time.. I do not know if it is a year.. but it did take me a long time.. just to be able to sleep on the side..
I: And sitting.. how has it been affected?
P: Aah sitting is fine..
I: And then, urinating does not bother you since being injured?
P: I cannot hold it anymore.. if I have to go, I have to go then..
I: Quick, quick, quick? So is that the only thing with your urine then.. that you have to go quickly?
P: Yes..
I: Ok.. and number 2.. bowel movement?
P: It is fine..
I: It works well..?
P: Yes..
I: Ok.. and the activities at home.. that you normally do.. like cleaning and other things.. how has it changed since your injury?
P: It is not like before.. when cleaning, I tire very quickly.. I cannot clean two rooms.. because we sweep bending down..
I: You also want to put in polish and brush it out..?
P: Yes.. when sweeping and bending.. a small area and you are done.. also the kneeling.. I can’t kneel properly.. then I have to stand..
I: In terms of your friends.. how have your relationships changed with friends since.. you got injured?
P: I think it is still the same.. no changes..
I: And then, how has the family been affected since you got injured?
P: I think they are fine now..
I: When you say now they are fine, does that mean there used to be a problem..?
P: Yes they were concerned about how I would be after.. would I be walking or not.. but they were encouraged when they saw me starting to walk on my own..
I: You spoke of pains and so on.. many people who suffered a pelvic injury would experience pains and discomfort.. how would you elaborate about your pains and the discomfort you feel.. since you got injured?
P: Like I said, I get pains when I stand a long time..
I: Ok.. other times.. like when you bend?
P: Yes.. also when bending..
I: And then.. what makes the pain better?
P: The treatment I take..?
I: Any means.. what do you do to alleviate the pain?

P: I have to sit down if I was standing for long.. if it persists, then I have to take pills..

I: And your sex life.. how has it been affected by the injury.. or how has it changed since you got injured?

P: Well it has since changed because I cannot open my legs anymore.. only a little..

I: Ok.. if you could summarise.. the quality of your life.. how has it changed since you got injured? If you could consider everything.. how has it changed?

P: As we have talked about most things.. what changed is that I cannot walk long distances.. or stand for too long.. and working a long time.. I cannot do that anymore.. I cannot bend for long anymore..

I: Before you got injured.. were you doing the same job you are doing now..?

P: Yes..

I: You still doing the same job?

P: Yes..

I: What has changed in your work?

P: There aren’t too many changes..

I: Did they put in a catheter at the hospital?

P: Yes they did..

I: How long did they keep it there?

P: It was a long time.. maybe a month.. and then they took it out so that I can start going by myself..

I: Oh so they put it a bedpan after..?

P: Yes..

I: When you got discharged.. were you using crutches?

P: Yes..

I: Ok.. and you used them until when..?
P: Until the following year around March.. April.. since I was discharged in 2013.. in June.. until April..

I: If there is anything that you feel that I did not ask or that you wanted to inform us about.. maybe including the way you were treated at the hospital.. or what is happening with your life now.. considering that you were injured..

P: Not much.. they treated me well at the hospital.. the hospital was good to me.. it all went well..

I: So after leaving the hospital, did they return you to Kwa-Mhlanga Hospital?

P: No..

I: Oh you were straight home?

END.
INTERVIEWER: I INTERVIEWER 2: I2 PARTICIPANT: P

I: Can you please tell us about your accident.. how you got injured.. you said you were in a taxi.. what happened?

P: I was in a taxi to work.. when we were in Centurion, next to the Mercedes Benz dealership.. at the intersection.. I forgot the street name.. at the robots.. our taxi approached the robots.. I was busy on the phone.. then people started screaming in the taxi.. I was facing down looking at my phone.. then people started screaming in the taxi.. when I lifted my head to see what was happening.. a small vehicle was turning moving towards the Mercedes Benz dealership.. we were proceeding straight.. I do not know if it was a Smart or a Mercedes Benz.. but one of those smaller cars.. it was either blue or grey.. it was turning and we were going straight.. we hit it.. as that happened.. I collapsed.. from there I did not see anything.. I do not remember if I collapsed when we hit the small car.. or when we hit a tree after that.. I remember waking up in the taxi crying.. and I was asking that they take me out.. out of the taxi.. I was stuck with other people inside.. then I saw paramedics.. standing around the windows.. telling me that they were waiting for the fire brigade.. to cut open the taxi.. so we could go out.. as I was talking to them crying, I collapsed again.. I do not know how long it took them.. and it was hot and I had collapsed.. when I came to, I was already on a stretcher.. taking me to an ambulance.. I noticed that my hand was broken.. then I passed out again.. when I woke up again, I was at Steve Biko (Hospital).. from the stretcher I do not remember what had happened.. woke up at Steve Biko.. I had drips.. and so on..

I: When was that?

P: It was the 28th January.. it was early.. I was going to work.. maybe around seven or so.. because I was knocking on at eight..

I: Which year was it..?

P: It was.. 2013..

I: 2013 alright.. so at Steve Biko.. do you remember how long you stayed.. when were you discharged?
P: I do not remember how long I stayed. I may have been discharged in March or April. At the time, I was still disorientated. I had to recover mentally.

I: While you were at Steve Biko, you had injuries on your head, your head, your ribs.

P: And the pelvis.

I: The pelvis too.

P: Yes.

I: The treatment you received at Steve Biko, do you still remember it?

P: The treatment at Steve Biko?

I: Yes, you mentioned drips and the pipe.

P: Yes, they were draining out the blood with the pipe. I remember they took me to theatre. And I saw bright lights there. And I passed out. They operated on me. I woke up in ICU. Saw some doctors there. They tested if I had any sensation in my feet, scratching under my feet. I tried to pull it when they did that but I could not. Because they had put some weights down my legs. And there were screws in my pelvis. I think three. They had connected the life support, the MRI. There was an oxygen tube on my nose. For feeding as well. I was just laying, not moving, not turning. Just laid straight facing up. So I had my treatment there. They gave me pills. They injected me pains I think. So I was eventually taken out of ICU and to my own ward.

I: So that means they operated on the pelvis. And on the hand.

P: The hand.

I: And the head?

P: And the head.

I: On the pelvis they had put in some screws.

P: There were screws at the back. I think two or three.

I: Ok. And then you woke in a ward. Alone?

P: No, I got out of ICU already conscious. But I could not talk because there were pipes. I would write down. People could talk and I would hear and understand. But I could not talk back. So they gave me a page to write on.
I: So while at the ward.. you were treated by doctors.. and nurses.. who else treated you.. maybe physiotherapists as well?

P: Oh.. I was treated by doctors on my arms.. the pelvis.. it was different doctors.. physiotherapists.. this arm was non-functional.. they would exercise it.. bend my legs.. and so on.. they treated the hand as well because this finger was stuck in this position (demonstrates).. they would bring their equipment..

I: Were there any officials from OT.. Occupational Therapy?

P: Which ones are those?

I: They would also help with the hand but it may also have been the physiotherapists themselves.. and give you a splint..

P: They gave me a..

I: To support the hand?

P: To support the hand.. it was blue in colour and made of plastic.. with the shape of my hand.. then they went and created it so that it would support my hand.. but I was able to take it out when I wanted.. so it balanced my hand.. then they came and.. I was in the same position.. only my head could move.. then they connected a..

I2: Monkey chain.. for you to pull yourself with..

P: Yes.. and they told me to exercise my spine with it..

I: So the physiotherapist treated you.. and when you were discharged.. were you given exercises to do at home?

P: They told me to.. move my legs.. they could not..

I: After being discharged?

P: After being discharged.. I could not walk properly.. I used crutches that they gave me.. when I left I was on a wheelchair.. my friend fetched me with his car.. and they gave me crutches.. I could only walk a very short distance.. I could not get to the gate there..

I: So after being discharged, did the physiotherapist give you dates to go as an out-patient.. to do more exercises?
P: No they never told me to come to the physio. they never gave me an appointment..

I: When they gave you exercises to do. did that change your life. that physiotherapy. did it help you. do you feel that it changed your life?

P: They made me do exercises while I was bedridden. mostly it was the legs. they would stretch and bend them. it would be a couple of days in the week. it was not the same physiotherapist. but they would ask me what we did. how far we got. and they promised they would take me to their centre. but they never did. they only exercised me there. maybe because I could not walk. so they started by bending my legs first. before they could take me to their machines.

I: But did you feel afterwards that the exercises were able to help you?

P: Yes. what they did helped me with my legs because. as they kept coming to exercise and bend my legs. as the days went. I could begin to bend the legs myself. without them. I think I could have taken longer to bend the legs myself.

I: When you were still bedridden. did they not put in the traction that pulled down on your legs?

P: They had installed a tube to pass urine with.

I: Were there any weights pulling down on your legs.?

P: Which one is that?

I: It means they did not put it in. you would remember it.

P: All they installed was the one for the urine. I would see it simply fill up. and then I would have to tell them.

I: Can you please tell us how this pelvic fracture changed your life.

P: This fracture of the pelvis. has caused me so many issues. I cannot run anymore. I cannot run at all. even when crossing the road. and a car comes. I cannot run.

I: Is it the pain. or.?

P: I simply cannot run at all. even a little child would run faster. the other thing is here at work. I was a technician. an assistant technician. we install cameras and alarms. this hand does not bend anymore like this one. I cannot use it. and now that they have transferred me here. there are heavy things that I must lift. like boxes of cables. with this hand being like this. I cannot lift.
hold things.. so I have to improvise and put it in my palm.. I cannot hold a box from below.. and when I pick up a box.. my back gets painful.. as if they are coming out..

I: Oh so you can bend.. but you cannot get back up..

P: I can bend.. but when I have to get back up.. those pieces of steel.. it gets painful.. also this hand would feel like it is getting ripped apart.. it gets painful.. that accident cost me..

I: So here at work, you can no longer do the work you used to do.. they changed so that you do the lighter jobs

P: The work I used to do as a technician.. I came after the accident to do some paperwork.. and my boss told me that, because my injuries were severe.. and someone had resigned in the storeroom.. because I know the equipment as a technician.. I would take over from him.. so I was told to start working here when I came back.. so my problem is with the heavy things.. I would ask the technicians, and they get annoyed.. I have to ask my colleague to help with certain things, so it makes me feel useless at work.. because they also get impatient.. it is as if they are doing my work.. and they do not get paid for that.. the other thing, is when it gets cold.. when it is cloudy.. eish.. that is another problem.. when winter comes.. I do not look forward to it.. and I work in a cold environment..

I: Do you wear warm clothes?

P: I wear warm clothes.. the heater makes no difference..

I: Alright.. you spoke of running.. what about ordinary walking?

P: I can walk..

I: What about sleep?

P: I can sleep well.. I always have pills next to my bed.. I always take disprins.. sometimes I get pains at night.. then I would wake up and take disprins..

I: The pains come when you are sleeping on which side.. or it does not actually make a difference which side you are on..?

P: They just wake me up.. I mostly sleep facing up.. so these pains wake me up in the middle of the night.. the pains would be all over the entire back..
I: Is it especially on the right.. or the whole waist?

P: No the back.. the entire back..

I: Ok.. and sitting as you are.. does it not trouble you?

P: No sitting like this does not bother me..

I: Can you sit for a long time?

P: I have to stand from time to time.. when I sit for too long.. it feels like I cramp up.. and I get pains.. so I have to stand up.. and walk around a little..

I: That is good..

P: Then come back and sit.. when I feel the pains and cramps coming back, I stand up again..

I: And then.. can you control your urine well..?

P: I can control the urine.. but when I get to the toilet, as I prepare to let it out, it is already going out on its own..

I: Oh so you have to rush to the toilet..

P: I have to rush..

I: And then.. number 2.. do you have a problem there?

P: Number 2..?

I: Yes.. going to the toilet..

P: When I compare.. it is as if I am constipated now.. and when I sit down.. it is as if I cannot take out all the waste.. it is not like before.. so it is hard now..

I: And then.. the chores at home.. what is harder to do.. can you still do what you used to..

P: Er..

I: Can you wash by yourself?

P: I can wash myself.. but things like lifting the bed and the like.. moving fridges.. I cannot do them anymore.. because my hand does not work, it is just straight.. it would feel like it is ripping
apart.. and here there screws would feel like they are coming out.. and I have to ask my friends to come and help..

I: And then the friends.. people you associate with.. are the relations the same as before you got injured?

P: The people I associate with.. there are no problems because.. I still associate with them even now..

I: And then at home.. the family.. have there been no changes since you were injured.. P: At home..?

I: At home.. and the family in general..

P: There are no changes at home.. the problem now is, my wife at home.. I cannot perform for too long because of the screws.. and the pains.. I seem to aggravate them..

I: So.. most of the time you are in pains.. not feeling comfortable..

P: The pains.. are not always there.. it is when I lift heavy things.. here at work.. and when that happens, I struggle to sleep at night.. because of the pains in my back.. lifting those boxes and so on..

I: When you think about this whole thing.. how does depression affect you.. or.. how does it make you feel?

P: Eish.. when I think of how things used to be before.. I could do everything.. never struggled.. so it breaks my heart because now I struggle.. when I have to do heavy work, I need help.. I cannot do it by myself..

I: Alright.. can you please summarise about the quality of your life.. since you got injured.. I know you said a lot of things.. but if you can summarise right now about the quality of your life since your injury..

I2: The quality of your life.. how you see your life now.. in general

P: The quality of my life now.. I think is less.. it is not the same like it was before.. now I feel like I am useless in life.. and I consider things like.. if I was retrenched.. all those things.. I do
not think I could find another job.. because of those operations.. a non- functional hand.. the pelvis.. and all those things.. I am not educated.. I only have matric..

I: We are done with the interview.. but if there is something you wanted to share.. maybe with regards to how you were treated at the hospital.. and something else in life.. that you feel that we did not ask.. or that you did not explain well.. you can share..

P: Oh at the hospital.. the treatment..?

I: Especially the physio..

P: The physio.. they treated me well, they were friendly.. and they would make one feel at home.. but there nurses.. that did not treat me well at the hospital.. and I would feel I want to go home.. when my wife comes to visit.. my children live with my mother in Botshabelo in Bloemfontein.. I would tell her that I could not wait to go home.. and I would tell her of the bad treatment by the nurses.. but with the physio, there were no problems..

END.
INTERVIEWER:  I  INTERVIEWER 2:  I2  PARTICIPANT:  P

I: Can you please tell us in detail.. what happened the day you got injured..

I2: Where were you from..?

P: Oh I was at work.. we were standing outside.. the place we were standing at.. is a hill.. there was a car parked next to the gate facing that way.. I was standing on the lawn.. the car was on the paving.. the car was balanced with a brick against the wheel.. so I was waiting on the side, waiting for him to remove the brick under the wheel so we can go.. then suddenly the car hit me.. it was moving on its own.. that is what he said.. it hit me on the thigh and I fell.. from there the car was rolling on top of me..

I: Do you still remember the dates?

P: It was a Sunday.. the 15th.. the 15th of September..

I: Ok.. which year..?

P: 2013..

I: So after being injured.. who took you to the hospital.. what happened? P: A certain white lady came and called the ambulance..

I: Where did the ambulance take you?

P: It took me to.. HF (Verwoerd)! They said there was no space at Steve Biko..

I: Ok.. do you remember how long you stayed.. when were you discharged from HF?

P: It was.. around the 10th or 11th of October.. I do not quite remember..

I: So you say you injured your pelvis.. and on the chest..

P: Yes on the chest as well.. and I was scratched here..

I: How did they treat you at HF.. your injuries..?

P: They treated me well.. before treating me, they took me for x-rays.. so they could decide on the best treatment for me.. so from x-rays, they examined me and gave me pills for the bones..
and told me to stay in bed for about eight weeks.. from the eight weeks, they started to train me to walk again.. because I could not walk.. I could not eat.. I could not wash myself..

I: So you were in bed at HF for eight weeks?

P: Yes because I was admitted on the 15th of September..

I: During that time you were in bed.. was there someone helping you with exercises?

P: Yes someone came to exercise me.. a physiotherapist..

I: Oh ok.. do you remember when the physiotherapy started.. after how long in your stay?

P: Oh.. I stayed a while before they did.. because they wanted me to heal a bit.. so I can’t quite remember how long it was before..

I: After three weeks on the bed..?

P: I think so..

I: Or a month maybe..?

P: Yes..

I: At the time you were laying in bed.. did they put in those weights that hang down your legs?

P: No..

I: Were you just laying there?

P: I was just laying there..

I: Did they install a catheter for the urine?

P: Yes they did..

I: And where there pipes they put in your chest to drain out the blood?

P: No..

I: And then.. who else treated you.. you were treated by doctors.. and the nurses.. and who else? The physio came but after a while..?

P: Yes..
I: Was there any other official who treated you?

P: It was only the nurses..

I: No social workers..?

P: No there were no social workers..

I: After that first month.. you got physiotherapy.. after being discharged from hospital.. did the physiotherapists give you any exercises to do at home?

P: Yes.. I did exercises at the hospital.. and told me to keep doing the exercises while at home..

I: Oh ok.. and after the discharge, were you given dates to return for more physio at the hospital?

P: Yaa.. yaa!

I: And you did go..?

P: Yes I did..

I: Ok.. and the physiotherapy you received.. how did it change your life? You were fine, then you got injured and stayed in hospital.. the physio came and treated you.. how did physiotherapy change your life.. did it make a difference in your life?

P: It made a difference because while laying on that bed, I never thought that I would stand again..

I: Alright.. let us talk about walking now.. the way you walk now since your injury.. in the pelvis.. do you not have problems with walking?

P: Oh I think walking is healthy for me.. when taking long walks.. the only problem is when I work hard.. or when lifting heavy things.. that is when I feel pains..

I: Is it on your back..?

P: I feel pains here and here (demonstrates).. sometimes on my back too.. I cannot sit for too long on a sofa..

I: Can you sleep well.. do you have any problems?

P: Sleeping.. I actually have to sleep facing up.. that is when I can sleep properly..

I: Do you ever change sides?
P: If I turn, I get pains on the sides.. I have to sleep only for a short time on the side.. I enjoy sleeping facing up..

I: Ok.. and then.. do you have problems with urine..?

P: It is a problem!

I: Can you explain further?

P: I have to go every now and again..

I: And when there, do you feel like you passed it all out? P: Yes..

I: Do you go at your pace to the toilet or do you have to rush?

P: It comes out.. If I don’t rush.. I could be getting off a taxi and have to rush home because otherwise it will simply come out..

I: And then.. does number 2 not bother you?

P: No..

I: The chores you carry out at home.. can you still do them like you could before the injury.. or are there any changes?

P: There are changes.. I cannot work like used to..

I: Can you explain?

P: There are changes.. I cannot climb up anymore.. to hang curtains.. I get tired.. I cannot sweep for a long time..

I: Oh because of the bending..?

P: Yes.. when cleaning, I have to take constant breaks..

I: When you got injured, you were employed where you work now.. how has your work changed.. are you still doing the same job?

P: No I am still doing the same job..

I: How has affected you since you got injured.. are there any changes in your work?
P: Yes there are changes.. because I tire easily.. my employer gave me a day off in the week so I can rest..

I: Is it domestic work?

P: Yes..

I: And then.. you have friends and associates.. have those relationships changed since you got injured.. are they still the same?

P: Some have changed since my injury..

I: How so?

P: Some do not communicate with me like before.. some have stopped talking to me altogether.. I do not know why..

I: I am wondering if they do not communicate because you can no longer help them like you used to.. or what could it be?

P: I think so.. it must be the way I used to help them..

I: And you can’t be part of that group when things happen..

P: Yes.. and I would explain to them.. that I cannot live like I used to before..

I: And then at home..?

P: At home I spend my time with my children..

I: So they understand that mom cannot do certain things anymore..

P: Yes..

I: So in terms of the pain.. how does the pain bother you.. you said you sometimes get pains.. sometimes when you lift things.. what about when you are sitting down.. pain and discomfort.. if you can highlight that.. in your day.. how do they affect you?

P: I normally get pains if I work hard.. and if I sleep for a long time.. I have to wake up around five in the morning.. or 5:30.. I walk around in the house.. just to avoid the pains..

I: And when in pain, what helps alleviate that pain?
P: I decided that I do not want to get used to taking painkillers. I simply get out and walk about.

I: So it gets better when you walk?

P: Yes.

I: And then, how has your sex life changed if you compare to before the injury?

P: It has changed a lot.

I: If you could explain is it due to pains or you do not have the interest anymore?

P: I do not have interest.

I: Do you also get pains?

P: I do get them but the interest is also gone.

I: If you can summarise now, how the quality of your life how do you see it compared to before? I know you mentioned a lot of issues you can no longer do heavy work but how do you see the quality of your life?

P: Right now it has really changed. It is poor.

I: Is there anything I have asked you questions but maybe there is something you wanted to tell us and I did not ask you maybe in terms of your life itself or the injury. Maybe from the hospital the way you were treated especially with regards to physiotherapy because we are physiotherapists is there anything you want to express?

P: No. They really treated me well.

I: Lastly when leaving the hospital were you using crutches?

P: Yes. I was using crutches.

I: When did you last use them?

P: Around November.

I: Last year?

P: 2014. I would use them when I would get tired walking a longer distance. If I know that I would walk a distance I would take it along just in case.

END.
TRANSCRIPT 17

INTERVIEWER: I    INTERVIEWER 2: I2    PARTICIPANT: P

I: Can you please tell us about your injury as to how it happened?

P: I was on my way to church.. as I was approaching a corner, a car came behind me and I had not seen it.. so I woke up already at the hospital..

I: Which hospital did you find yourself at?

P: Kalafong..

I: When was it?

P: Which year.. the date and the month?

P: 2013 on the 5th of March..

I: So you said you were admitted at the hospital in Kalafong.. do you remember how long you stayed at Kalafong?

P: Seven days.. it was actually six but I left on the seventh..

I: You said you got injured on your pelvis..?

P: Yes..

I: You got bumped on the head?

P: Yes I got a bump because I also had a scar..

I: And then at Kalafong, how did they treat you.. what did they do for you.. did they operate on you.. what happened?

P: I was laying on the bed.. they did not operate..

I: The time you were on bed.. had they put in a traction.. pulling your legs down with weights?

P: Yes they put it in..

I: On which leg?

P: The right leg..
I: Ok.. they put it in with the plaster.. with weights?

P: Yes..

I: And then what else did they do.. what else was put in your body.. drips..?

P: Yes they were there..

I: And a catheter.. for the urine?

P: Oh they did put it in..

I: What else was installed?

P: Nothing else..

I: They did give you pills..?

P: Yes..

I: As you were bedridden in Kalafong.. did you get treated by physiotherapists?

P: Yes they came.. just before I was discharged.. to show me how to walk on crutches..

I: Did they give you exercises to do apart from teaching you how to use the crutches?

P: No they only told me to exercise but they never showed me..

I: So the time you were on the bed, you never got to do exercises?

P: No I did not..

I: Till you left the bed.. which is when they showed you how to use the crutches..

P: Yes..

I: So.. they gave you exercises to do at home?

P: Yes they did..

I: So how did the exercises help you.. did you do the exercises at home?

P: Yes I did..

I: How did physio help you.. how did it change your life?

P: I would not exercise for too long.. I was still in pain..
I: So it is like you did not see the difference.. with regards to the impact of physiotherapy?

P: No..

I: So when you were discharged.. were you given a return date for physiotherapy?

P: I did not go to physio.. I went for check up..

I: Only check up.. but were you booked in?

P: No they did not for physio..

I: How has your life changed.. is it the same.. or are the differences you have noticed?

P: Yes there is.. if I work a lot then I will get pains.. even now.. I am not walking properly yet.. there are still pains..

I: Where are they most severe..?

P: Here on this bone (demonstrates).. and around my ankle.. I do not wear a heel anymore..

I: Talking of walking.. can you walk long distances?

P: Yeah.. I can walk a distance..

I: It does not bother you.. as long as you are wearing a flat shoe.. and what about sleeping?

P: No I sleep well..

I: You can sleep well.. on all sides?

P: Yes..

I: And sitting.. are there no issues there?

P: No it does not bother me..

I: Can you sit for a long time..

P: Yes..

I: And then.. urinating.. do you have trouble.. has nothing changed?

P: No..
I: Does it not cause you to rush to the toilet?

P: No..

I: And then. what about number 2?

P: It is also fine..

I: No problems. ok. and then. the chores you do around the house. have they changed. can you still perform them accordingly?

P: Yes..

I: Even lifting heavy things.?

P: Yes I still can..

I: Are certain.?

P: Yes I can lift them. even though I would feel pain afterwards. in the same way that I get pains after working hard. I get the same effect from lifting heavy things..

I: You have people you normally associate with. friends. have your relationships not changed. are they the same since. before your injury. is it the same?

P: Yes it is the same..

I: And the family.?

P: It is the same..

I: When it comes to sex. has anything changed since you got injured. if you compare with before. your injury. have you noticed anything?

P: I have not noticed anything..

I: So there are no changes. it is the same..

P: Yes..

I: To summarise. how would say the quality of your life has changed since you got injured. are there changes that experienced. broadly speaking?

P: There aren’t any major changes. except if I were to work too hard. those are the main changes..
I: Also when you lift heavy things..

P: Yes when I lift things..

I: Of course also when you wear heels..

P: Yes..

I: So those are the only changes..

P: Yes..

I: I think that is all.. is there anything you wanted to tell us about.. since you got injured.. how you were treated at the hospital by the physio.. maybe something we did not do for you..

P: There isn’t any..

I: When did you stop using the crutches..?

P: Until around six months..

END.
INTERVIEWER: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: As you said.. you had an accident as a pedestrian.. can you tell me what happened?

P: I was walking on the tar in town.. on Bloed Street.. on the corner of Nana Sita and Boom streets.. Boom not Bloed.. where the taxis transfer passengers.. the taxi I was in was proceeding straight and I was going into town.. we were about to change into another one.. so the driver stopped right where the taxis change, behind Bloed Mall.. when I got off the taxi.. that is where the accident happened.. the minibus came and hit us from the back.. and it hit me as I was standing there.. from there, I do not know what happened but I woke up under the vehicle.. and I realised that something bad had happened but.. my mind could not comprehend that this was an accident as such.. as I was laying there.. I heard the diesel tank burst.. and there was some diesel on my back.. that is when I realised that I had to escape.. that something wrong was going on.. that is when I crawled from under the same minibus that had hit me.. and I crawled towards the legs of people moving around.. when I emerged, two gentlemen helped take me out of there.. and put me on a flat surface.. and laid me there on my tummy.. I was not aware of the injuries I had sustained at that moment.. then the ambulance came.. I think within 15 minutes.. and they took me to Tshwane Academic Hospital.. the HF!

I: Is it the Steve Biko?

P: No it was the Tshwane Academic..

I: When was that?

P: It was the 24th of December 2013..

I: So you were admitted on the same date at the Tshwane Academic..?

P: Yes.. it was around 3 in the afternoon.. when it happened.. they did stitches.. I had a stitch here (points).. on my stomach.. on the lower abdomen..

I: So were you injured there?

P: I was injured.. also lost some teeth.. I have another stitch in my mouth.. because I lost teeth on the spot.. so my gum cracked immediately.. my jaws shifted immediately.. so they stitched me.. I
had two stitches.. it is the one here.. and the one inside my mouth.. and they did a wound care.. as you can see all the scars I have here.. it is due to the accident.. they dressed me.. and they gave me a referral letter to go to Steve Biko.. and they discharged me.. I think it was around 2 in the morning..

I: So from here.. from Tshwane Academic Hospital.. how long did you stay?

P: From 3 until 2.. I do not know how many hours that is..

I: Oh it was just that day.. From there, they took you to Steve Biko..

P: No they gave me a referral letter.. I came home after that.. with those injuries.. and they told me to go to Steve Biko on the twenty.. 28th or 26th.. something like that.. when I got to Steve Biko, I could not walk.. when I got there, I could not walk.. even here at home, I could not walk at all..

I: After Tshwane Academic..?

P: Yes.. I was just on the bed.. I could do anything.. not even to eat..

I: Ok.. on the 28th December.. you went to.. Steve Biko.. and then what happened then?

P: When I arrived, they took me to the orthopaedic.. I still had a clavicle.. at Tshwane they gave me a.. to balance my hand with.. they made me a sling with that cloth.. they thought I was only bringing the sling.. at Steve Biko, they thought I only had a clavicle injury.. but they could also see that I could not walk.. only to find that my waist had turned.. I could not walk.. the official investigated why I could not walk.. he discovered that I had a clavicle fracture.. pelvis fracture.. and the spine.. the clavicle was obvious.. and for the jaw, they transferred me to their dental department.. so I was admitted that day.. he decided it was safe that I be admitted because I could become cripple if I went home in that state.. after admitting me, they said they would do a pelvis operation.. no not the pelvis.. the clavicle.. so they said due to the pelvis, they would have to immobilise me.. so it heal.. which took about seven days or so.. and then they did a follow up as to whether they can operate on the clavicle.. so they decided that they could not because it was broken too close to an artery.. so it was very risky.. they chose to rather immobilise it as well.. and it would heal on its own..

I: Alright.. so you were at Steve Biko for plus minus seven days.. at the time you were in bed.. were there any physio’s that were treating you?
P: Yes a physiotherapist came to assess me. My bones got stiff. I do not know what happened. But my whole body got stiff. I could not even move my leg like this. The physio came and trained me to walk. To sit. Because I could not sit upright. Even when eating, it was difficult.

I: So the physio trained you to sit. And what else?

P: To walk.

I: Using what?

P: A walking stick. Started by stretching me first.

I: In bed?

P: In bed.

I: So it was exercises for the legs?

P: Yes I think they came twice. And exercised me. Not only for the legs. Also to move. Also how to. Because I had a fracture on my left. So I had to learn to use my right. And how to balance my body. As the injuries were still new.

I: So in teaching you to walk again. Did they use a walking ring. Did they use the frame first. Or was it only the crutches?

P: No with my clavicle. I could not use. I remember the first time. They held me by the hand. We walked a distance, and came back so I could rest. Then after they considered if I would be able to use a walking ring. Or the frame. And decided that maybe I would have recovered some more on the following day so I could use one of them.

I: And then in the hospital, you were treated by. The physio. The doctor. And nurses.

P: I think there were also specialists. To check on the operation. Because I was supposed to go to theatre. They came the first time to verify if I should go for operation. And then they could not agree. So they cancelled the date. Then came back and made me sign a second consent form. Saying I would for operation. In the end came a certain professor. And said that I was still young. My bones would grow back together. Because it was too risky because of the vein.

I: So after discharge from the hospital. Did the physio’s give you exercises. To do at home. After leaving Steve Biko?
P: After leaving Steve Biko, I went to Ga-Rankuwa.. they gave me a referral.. for physiotherapy..

I: You were treated at Steve Biko.. and they gave you referral to go to Ga-Rankuwa..

P: Yes because transport is costly from here to Steve Biko.. so I went there.. I do not quite remember the month I started going there.. but I went there for a period of three to six months..

I: Three to six months..?

P: Yaa.. treating the clavicle.. showing me how to train it.. to work.. doing chores around the house.. how to work without affecting my bones..

I: So the exercises you were given to do at home, were for the legs.. and the clavicle?

P: Yes.. for the clavicle they gave a rubber.. contraption.. to train my arm.. to pull it.. stretch it..

I: Did they also give you for lifting..?

P: No they showed me how to use the broom stick.. to train arm movement..

I: So you went to Ga-Rankuwa for physio.. for three to six month.. was it once a week.. once a month?

P: It was once a.. a week.. I think twice.. twice a week.. and then it came to a point where I had to go once a month.. until they discharged me..

I: And when they discharged you.. you had already been attending for something like three to six months..?

P: Yes.. I do not remember which month I started going.. but I do know that I finished in October..

I: Ok.. you got injured in December and finished in October of the following year.. that is more than six months.. I will say you stopped in October.. alright.. in the hospital.. when you were treated there.. by these physio’s.. did they make a difference in your life?

P: Yes on the clavicle they did.. they managed to reduce the pain.. it was swollen.. I could not do anything with my arm.. and with that sling.. my muscles got weak.. my hand got pale.. and the doctor showed me that my muscles had died because I was not exercising the hand.
I: So now.. would you say the quality of your life after physio, became poor, fair or good.. would you say good or excellent..?

P: Well I’ll just say it improved.. because, remember I was normal.. and I cannot be normal again..

I: So from the accident.. was it good or excellent?

P: Nah just good..

I: Ok just good.. let me ask.. how has your life changed after the crash.. you just said now that your life will not be normal again..

P: Yes.. it has changed completely because some of my dreams, I cannot reach them anymore.. I was an active person.. like running.. I was really active.. before this thing, I had an interest of joining the metro police.. so bad that I did apply.. and did their..2,4km run.. all their physical tests.. and passed them.. also passed their psychometric test.. it is only that I do not have a licence.. I only have matric.. I do not know if they terminated my application due to the fact that I do not have a licence or not.. so I can never go back to metro police because there is a point where you have to lift your body.. and jump a wall.. I cannot do that.. depending on one hand.. because my hand does not have strength at all.. also my back.. with these physical things, you have to use all your body.. to jump that wall, there is a point where I have to balance the whole body.. then the strength in my legs.. so I cannot do that at all..

I: Is it because of pain or do you feel you are not strong enough?

P: I am not strong.. also the fact that I do not know if I will be able to conceive as time goes..

I: Sleeping.. can you sleep well.. on all sides..?

P: Yes I can sleep.. but what my problem is.. at work, there comes a time where I have to lift my hand up like this.. I feel a strain.. sometimes my back gets tired, and I have to stand and walk about to loosen up..

I: And.. urinary.. do you have problems there?

P: I do not know.. with urine, you simply go to the toilet and release.. and if I do not feel well, I go to the pharmacy and get vaginal cleaners and all that.. or antibiotics.. and that is that..
I: Ok.. but let us just look back on your life before the injury.. you used to go to the toilet when you needed to urinate.. is there any difference.. maybe now you have to rush to the toilet feeling like it will simply come out..?

P: Yes I cannot hold my urine for long anymore..

I: Ok.. and when you finally sit down, does it feel like it is a good flow, or does it feel like there is still some left in there?

P: Some time ago, before I feel that I have to go, I would find that I was already a little damp.. so I do not know if it is the nerves.. I do not get a notice that I have to go at the time that I have to.. but now.. I do not pay too much attention to it..

I: What about bowel movement.. number 2.. does it not bother you?

P: Well I have a constipation issue from way back.. I can stay for three days..

I: So the situation has not changed..?

P: Yes..

I: So the daily activities at home.. what troubles you is the lifting..?

P: I do not lift heavy things.. and when I work.. I start with a good pace.. and there come a time where I get tired.. I just have to stop!

I: So you tire quickly..?

P: I tire quickly..

I: And.. you said you are not active anymore.. were you playing any sport?

P: I loved marathons.. at secondary school, I played ladies soccer.. which I cannot do now.. because in football, we fall.. you fall and you have to balance and stand again.. so with this back ache, I could fall and not be able to stand..

I: So just ordinary running.. can you run now?

P: I have not tried..

I: Are you afraid to?

P: I am afraid..
I: Can you walk for a long distance?

P: Yeah I can walk a longer distance but I pace myself..

I: You have friends.. how are the relationships since you got injured?

P: Er.. there is this one who likes to ask how I am doing.. who feels that I am quieter than before..

I: Otherwise, they have not distanced themselves from you.. because you cannot do certain things anymore..?

P: The friends I have are not people who are that outgoing.. we would sit as a group.. and like youngsters, we would dance and so on.. but now, I cannot go into a dance floor..

I: But they still treat you the same..?

P: They have embraced me.. they were there.. they were very supportive.. some of them.. during the time of my accident..

I: And then here at home.. have family relations changed?

P: They have changed in a way.. they see me clean and together.. they do not know what is going on inside of me.. because sometimes I wake up in the morning.. and I get affected by the weather.. and I would feel that I cannot do much, whereas my mother expects me to do this and that and that.. I used to be a fast child (snaps finger).. so some of the things I cannot do, affect family relationships.. they feel like I am sulking.. or I have lazy tendencies.. I do not know.. also with my child, I do not lift the child as such.. like before.. after the accident, I stopped to carry her on my back or to pick her up.. it has affected family relationships one hundred percent.. I can say that..

I: So.. about pain and discomfort.. around this area.. how often do you get it?

P: Every time I work.. if I do something.. repeatedly.. like doing the laundry.. just like that, like that (demonstrates)

I: Oh repeated movements..?

P: Repeated movements!

I: Ok.. can we just talk about your sexual life.. since your injury..

P: I do not have a stable boyfriend.. since then..
I: Reason..?

P: I avoid sexual intercourse.. as much as I can.. because I have realised that I have changed.. I avoid a full sexual intercourse.. where it gets intense.. like a normal couple.. also that I do not want to disclose too much.. I have a lot of wounds on my body.. that I am not proud of.. so I would say that my self esteem has gone down, I have been affected emotionally.. and physically, I do not know if.. I avoid, honestly speaking..

I: So it is a matter of avoiding sex.. not that you experience problems with it.. you are just thinking that there might be problems..

P: There was a time when I had pains.. during that thing so.. so I realised that I had not healed enough.. and of course with intercourse, there will be movement of the waist..

I: Definitely..

P: That is why I am avoiding it..

I: So you have just talked about the fact that this accident has affected you.. emotionally.. and otherwise.. would you say there are times when you feel depressed?

P: Yes..

I: Feeling sad.. other times..?

P: Yes..

I: Ok.. I think I have asked you most of the things but.. it is possible that there are some things that I did not ask.. but I want from you.. is if you could just summarise.. about the quality of your life since your injury.. in the pelvis.. what would you say..?

P: Quality of life.. I do not know how to rate it.. because, looking at the future.. and the things I am experiencing currently.. I want children.. I have one child already.. going through the natural birth the first time, I have learned what it is like to give birth.. where the strength to give birth comes from and all that.. so I am afraid, if I were to fall pregnant now.. will I be able to conceive the way I did before.. because for me it was a lot easier.. you recover quickly when you gave birth naturally.. that is the biggest concern.. and also that, I have to work a soft job.. my whole life.. I studied science at school.. I did Building and Construction as a learnership programme.. of which I have a certificate showing what I can do.. but I cannot do anything with them.. I have an interest in the Engineering
sector.. or I.T. but then.. I do not want to work a soft job because we all want a bright future.. but right now I am limited.. I have to work a soft job.. sitting down the whole day.. only paperwork will do for me.. which means I probably have to shift interest maybe into Law or something.. I do not know, but then it is not nice hey..

END.
INTERVIEWER: I

INTERVIEWER 2: I2

PARTICIPANT: P

I: You said you were injured by a train.. can you tell me how it happened?

P: I was supposed to get onto a train.. so when it came.. I was going to get into it.. I was waiting on the side of the door, waiting for other passengers to get off so I can go in.. they were a lot.. it was early in the morning, around five.. so it was a lot of them coming out.. so someone bumped me and I fell between the platform and the train.. the immediately when I fell in, the train started to go.. so I was stuck in the platform until the whole train went past..

I: When was this?

P: It was.. the 30th July 2013.. around five past five or ten past five in the morning..

I: So after that, were you admitted at a hospital?

P: Yes I was taken by ambulance to Steve Biko (Hospital).. 

I: Ok.. how long did you stay there?

P: About a month..

I: So you were discharged on..

P: 28 August!

I: 28 August.. 2013.. can you tell me about your injuries.. I remember in the form, you mentioned that your leg was injured..

P: Yes I.. they had to cut the right leg.. and then on the left I have a loose leg.. I have no control of it..

I: Oh.. so it happened after your injury.. that it becomes loose.. you did not have a fracture..?

P: No.. they had already discharged me when they gave me a..

I: Foot drop splint..?

P: Yes the splint.. but I left it because it makes no difference.. so I just walk with it like this..
I: And this one.. at the time of the accident, did it get ripped then or was it after the operation..?

P: It was already.. it was just a small piece left.. so they simply finished it off.. because there was nothing else they could do..

I: So at the time you were at the hospital, how did they treat your pelvis.. you were at Steve Biko..?

P: Yes..

I: You were bedridden.. how long was it?

P: I was bedridden the entire month I was at the hospital.. I could not move.. even after discharge, I was in bed for another two months.. on my back..

I: At the time you were at the hospital.. had they installed weights on the leg, pulling it down.. since you had a pelvic injury.. the traction?

P: When I was going for physiotherapy.. after I was discharged.. they used to put me in a certain machine..

I: At physiotherapy?

P: Yes.. I just do not know what they call it.. they would attach some wires..

I: Oh I see that one.. so at the time you were laying in bed.. they had put in a catheter..? P: Yes..

I: Ok.. and what else.. drips..?

P: Yes the drips were there..

I: And then.. was the operation only for this leg?

P: Yes.. and the pelvis.. because they said this part would heal with the passing of time.. because it did not break.. it was only hurt.. it would be fine as I go to physiotherapy..

I: Did they operate on the pelvis?

P: Yes I think they did because.. they had inserted those pieces of steel..

I: Oh the external fixator..

P: Yes and internally, don’t they also use steel?
I: Yes..

P: Yes.. because I used to have scars here.. on the side..

I: Oh so after the operation.. you reckoned they had done something else besides the external one..?

P: Yes..

I: They did both..?

P: Yes I think they did both.. and joined here with other pieces of steel inside..

I: And then of course you also received medicines..

P: Yes..

I: Were you also treated by a physiotherapist?

P: Yes..

I: While you were laying in bed..?

P: Yes.. but they would only come to make an appointment..

I: But you never received physio until you were discharged..?

P: There is one who used to come and tell me to stretch my legs.. at Steve Biko..

I: Oh they used to come while you in bed..?

P: Yes they would come.. and ask me to stretch my legs.. and see how strong they are..

I: Oh so it was only leg exercises?

P: Yes for the leg.. also to rise up..

I: While you still had those pieces of steel..?

P: Yes.. but they had arranged something for me to pull myself up with.. some days they would ask me to sit on the chair..

I: Ok.. so you did exercises for the leg..?

P: Yes..

I: Ok.. the arms too..
P: And to sit up..

I: On the bed?

P: No they would take me and sit me on a chair..for a certain time..

I: At the hospital.. how long were you on physio.. you were there for a month, weren’t you?

P: Yes.. do you mean after they discharged me?

I: No while you were there.. was it maybe two days only.. or was it that entire month.. or was it only a week?

P: Maybe it was two weeks.. they would come.. I think others were students..

I: Ok.. the physio you received.. do yo think it made a difference in your life.. you went to the hospital in serious injuries.. in that situation.. what was the change that it brought to your life?

P: I do not understand..

I: Do you think it helped.. or is it all the same?

P: No I would say it helped me because I could not rise up.. I used a wheelchair but today I can walk with crutches.. I could not raise myself.. I could not turn.. and things like that.. I can go by myself..

I: And you said they gave you return dates to go for physiotherapy as an out-patient..?

P: For physio yes.. but I think I only went twice there.. I did it in Kalafong.. they discharged me and transferred me to Kalafong.. I did the physiotherapy in Kalafong.. and then I came asked for another transfer.. to Limpopo.. I was doing physiotherapy at the Lebowakgomo Hospital..

I: So it was Kalafong then Lebowakgomo..?

P: Yes Lebowakgomo.. and I continued with my physiotherapy there..

I: So when you were discharged, were you given exercises to do at home?

P: Yes they had given me.. they showed me how to exercise the leg..

I: Could you do the exercises?
P: Yes I could.. because this leg was also not functional.. the whole leg was loose.. I could not stand.. it was loose.. it would just move on its own.. so they also showed me how to balance and stand..

I: Let us talk about.. the pelvis.. definitely, your life has changed after the injury..

P: Yaa..

I: Can we talk about how life has changed..

P: No it has changed because I can no longer do many things by myself.. I always need someone around to help me do this and that.. because on my own, I cannot do anything..

I: I would not say you cannot do anything on your own.. for the very fact that they left you alone, it means that you can do some things on your own.. and those are the things I am interested in.. we might as well get specific.. can you tell me about your walking.. you use crutches..?

P: I use crutches yes..

I: Ok.. the pelvis itself.. how does it affect your walking?

P: I can walk with them, but I get worn out quickly..

I: Is it just because of the crutches and the other leg is not there.. or is the problem indeed the pelvis?

P: I do feel pain if I had walked a distance.. I can feel it when I go to work in the taxi.. I can feel it on the side.. this one also if I had walked a distance..

I: So is it about long distance?

P: No when I walk a distance.. like walking across the road to catch a taxi.. sometimes having to wait a while longer for it..

I: Ok and then the sleeping.. don’t you have a problem sleeping.. on any side?

P: No I do sleep well..

I: And the sitting..?

P: I do sit yes..

I: Any problems?
P: It is only getting tired if I sit for too long.. like at work, I do not have much choice, I have to work sitting.. at least here at home, I can sit or lay down.. I do not have that option at work..

I: Does urine not bother you?

P: No.. not it does not bother me..

I: Is it just the same as before.. don’t go rushing to the bathroom?

P: No..

I: Or feel like the urine does not all get out?

P: No.. no problems there..

I: And number 2 is also fine?

P: No problems there..

I: And you said the chores around the house, you cannot do them anymore.. let us talk about that..

P: As long as they have organised water, I can wash myself.. I can make myself some food.. but cooking is a problem..

I: Oh because you have to stand..?

P: Yes..

I: Do you have problems with bending?

P: No.. I can bend well..

I: So the activities that bother you are the ones that involve standing..

P: Yes.. if I have to get something.. like fetching water outside or going to the store..

I: And then.. do you have friends?

P: Yaa..

I: How are your relationships compared to before you got injured?

P: It is the same because I am not the most outgoing person anyway.. even when on leave, I can spend all my leave days here at home.. it is only sometimes.. I can’t see a difference.. I am not the most social person..
I: And then at home, the family.. how are the relationships affected since you got injured?

P: At home, they did get affected because.. they could go and do other things.. because they had to look after me.. I needed someone around at all times..

I: And now..?

P: I would say it is better because I have progressed..

I: Ok.. and there is no stress regarding things you cannot do?

P: Like..?

I: They may be expectations at home.. as to where they may want to send you, and you tell them you can’t.. don’t they react negatively to that?

P: No they are not negative towards me..

I: So the pain and discomfort only come when you walk a long distance and when you sit for long..

P: In that way yes.. if I walk a long distance.. they also swell up sometimes.. if I sit for a long time..

I: When it comes to sex.. how has it been affected.. since you injured the pelvis?

P: It is affected a little.. not too much.. because I may not always be comfortable with other things.. sometimes I monitor here..

I: Oh so you get nervous that you..

P: That I could get carried away and I could get too rough..?

I: We have mentioned many things.. maybe if we could summarise it.. the talk we’ve had.. and talk about the quality of your life.. how do you see the quality of your life.. specifically with regards to the pelvis..

P: It has changed a lot.. like being free to move around and do things for myself.. I can’t anymore.. because I can’t always rely on the phone.. people will tell you what they want there..

END.
INTERVIEWER: I  INTERVIEWER 2: I2  PARTICIPANT: P

I: You say a shaft fell on you.. which year was it?

P: It was 20..

I: 2008..

P: 20.. 10 or 11 somewhere there..

I: Do you remember the month?

P: I forgot the month..

I: You said they took you by ambulance..?

P: Yes I was fetched by an ambulance..

I: Where did they take you?

P: They took me straight to Kalafong (Hospital)..

I: Do you remember how long you were in Kalafong?

P: It was a long time.. I even forgot..

I: Was it months..?

P: It could have been two months..

I: While at the hospital, you were treated by a doctor.. and nurses.. and who else.. did physiotherapists treat you?

P: The physiotherapists.. while I could not walk yet.. came for two or three days.. then they stopped suddenly..

I: Before the physiotherapists came to see you.. were laying flat in bed.. not waking up, not standing..?

P: I was in bed..

I: On your back..?
P: Yes..
I: Did they pull you with those weights called traction.. do you remember?
P: No..
I: And they took you to theatre to operate on you..?
P: Yes..
I: Did they also put in a catheter for the urine..?
P: The catheter.. yes they did put it in for a few days.. it was not a long period..
I: We used a..
I: A bedpan?
P: Yes..
I: Oh you could move your pelvis to help yourself..
P: Yes there was no problem.. I could..
I: Oh you could move your leg.. so you could move..?
P: Yes..
I: Did nurses help you move..?
P: No..
I: Did physiotherapists help you to be able to move..?
P: No.. I only went for physiotherapy after I could start using crutches..
I: Oh so they never came while you were laying on the bed at all.. to make you do leg exercises?
P: No..
I: So when you went for therapy for those three days.. which exercises were you doing.. did they help you walk with a walking frame?
P: It was with..
I: The crutches..?
P: The crutches..
I: How else did they help you?

P: No it was crutches only..

I: It was only the walking..?

P: Yes..

I: Oh.. after being discharged.. did the therapists ask you to return?

P: No..

I: You never went back as well..?

P: No I never went back because they had discharged me..

I: While you were doing therapy.. do you think it helped you.. when considering that you were bedridden and could not do anything.. and they came and helped you.. did it make a difference in your life?

P: Well.. that is why I say.. those days I went there.. there would be times when I felt I could not go on.. they used to.. make one walk with one crutch.. at the end they simply stopped fetching me.. and I never knew why.. I still do not know..

I: Do you believe that if they continued with therapy, you would have made even more progress.. or did it not help at all?

P: Well.. I do not know what stops cramps.. or if they can stop.. but I have cramps..

I: Now.. since you got injured.. how has being injured changed your life?

P: Eish..

I: Or is it just the same as before you got injured?

P: No it is not the same..

I: Why do you say that.. what is going on?

P: After getting injured.. there were problems in the family.. because I used to work.. so when I stopped working, they turned against me..

I: But can you still communicate with them.. and interact with them?
P: I was at home.. since 2013.. my son took me there after getting my discharge.. mainly because he did not want to stay with me.. he has a shack here.. in Atteridgeville.. he did not want to stay with me.. that is why I found my own place.. both my children have problems.. one works in Rustenburg.. his wife passed on.. the wife left two sons behind.. so when this one took me home.. but it was..

I: Not pleasant..

P: It was not pleasant.. so after the elder son took me back home.. I looked after his children.. he lives in Rustenburg.. they also turned on me.. when I cook, they do not eat.. I would hear things being said.. and at my mother’s house, it is not pleasant.. so I decided to go back to my shack.. and make way for his children.. I cannot force myself into a place that is not mine.. so last year in October.. 2014.. they had returned this side, so I decided to go see them.. I went twice.. and the third time, I found the child outside after school.. crying that they the mother would not open and feed them.. and I could not unlock the house as it might lead to more trouble.. I will be blamed for things I do not know.. and I called my son and told him what was happening.. he asked me to go in, but I told him I would no longer go into the house if they were not there.. so the neighbours went in.. and found her inside.. they said she had passed away.. my son could not come because he did not have money, so I sent him money from my pension.. so he could come.. so from that time, my son changed.. he stopped talking to me.. even now.. he has not called me.. even my mother.. has not been phoning me.. so my mother and my son have changed towards me..

I: When did you start staying here?

P: I came here before Christmas..

I: So you no longer stay there.. in Hercules?

P: I go there because I have no choice.. I am here for church..

I: Ok.. So the chores you normally do around the house.. what has changed.. can you still do the chores you used to before the injury?

P: Yes I can sweep.. and wash my clothes..

I: Do you not feel pains and discomfort?

P: No.. the main thing that bothers me are the cramps..
I: Ok.. you spoke of the family.. do you have friends where you stay?

P: The one I was always with.. I had left them at my place to look after.. I: So the relationships are the same?

P: No.. that lady does not have issues..

I: So the walking.. does it not bother you.. can you walk properly?

P: Yes I walk.. but the problem is here (points)..

I: What happens when you walk?

P: I walk well.. but I get tired and I get cramps..

I: And can you sleep well.. on both sides?

P: Yes..

I: It does not bother you.. you don’t wake up at night?

P: No..

I: And the sitting.. as you are sitting now.. does it not bother you?

P: No..

I: Can you sit a little longer..?

P: Yes..

I: And then.. does the urine flow well?

P: Yes..

I: It does not bother you.. even the number 2 as well..?

P: No..

I: The pains.. when do you feel them?

P: Usually if I walk for a while..

I: You get them..?

P: Yes.. the cramps would move up and down..

I: You said your life changed since you got injured.. can you tell us how the quality of your life is now?
P: Huh?

I2: The quality of your life.. how do you see it?

P: From the time I moved from the rural area at home.. I think it is better.. it is not like it was there..

END.

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APPENDIX 13: SMUREC Ethical Clearance

Appendix 13a: Medunsa Research Ethics Clearance Certificate

Appendix 13b: Approval Protocol Amendment
APPENDIX 13: SMUREC Ethical Clearance

MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 01/2014
PROJECT NUMBER: MREC/H/37/2014: PG
PROJECT:
Title: Health related quality of life of patients post pelvic fractures in the Tshwane Academic hospitals, Pretoria, South Africa
Researcher: Miss NA Sobantu
Supervisor: Mr MD Tshabalala
Co-supervisor: Dr L Skaal
Department: Human Nutrition and Dietetics, Occupational Therapy, Physiotherapy & Speech Language Pathology and Audiology
School: Health Care Sciences
Degree: MSc Physiotherapy

DECISION OF THE COMMITTEE:
MREC approved the project.

DATE: 04 February 2014

PROF GA OGUNBANJO
CHAIRPERSON MREC

The Medunsa Research Ethics Committee (MREC) for Health Research is registered with the US Department of Health and Human Services as an International Organisation (ICOR50004319), as an Institutional Review Board (IRB00005122), and functions under a Federal Wide Assurance (FWA00009419).
Expiry date: 11 October 2016

Note:

i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.

ii) The budget for the research will be considered separately from the protocol. PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.
APPENDIX 13: SMUREC Ethical Clearance

Sefako Makgatho Health Sciences University
Research & Postgraduate Studies Directorate
Sefako Makgatho University Research Ethics Committee
(SMUREC)

Motlotechni Street, Gaborone 0208
Tel: (012) 521 5617/3698 | fax: (012) 521 3749
Email: lorato.phiri@smu.ac.za
P.O. Box 163 Medunsa 0204

APPROVAL – PROTOCOL AMENDMENT

10 September 2015

Ms NA Sobantu
Department of Physiotherapy
P.O Box 239
MEDUNSA, 0204

MEETING: 01/2014
07/2015

PROJECT NUMBER: MREC/H/37/2014: PG

PROJECT:

Title: Health related quality of life of patients post pelvic fractures in the
Tshwane Academic hospitals, Pretoria, South Africa

Researcher: Miss NA Sobantu
Supervisor: Mr MD Tshebalela
Co-supervisor: Dr L Skaal
Department: Human Nutrition and Dietetics, Occupational Therapy,
Physiotherapy & Speech Language Pathology and Audiology
School: Health Care Sciences
Degree: MSc Physiotherapy

DECISION OF THE COMMITTEE:

MREC approved the project. DATE: 04 February 2014
SMUREC approved change of methodology. DATE: 10 September 2015

PROF GA OGUNBANJO
CHAIRPERSON SMUREC

International Organisation (IORG0004319), Institutional Review Board (IRB00005122), Federal Wide Assurance (FWA00004918)
Expiry date: 11 October 2016 and NHREC No: REC 210408-003
Dear Ms Sobantu

RE: MREC/H/37/2014: PG – RE-SUBMISSION FOR ETHICAL CLEARANCE FOR PHASE 2 DATA COLLECTION

Researcher: NA Sobantu
Supervisor: Mr MD Tshabalala

MREC approved title: Health related quality of life of patients post pelvic fractures in the Tshwane Academic hospitals, Pretoria, South Africa

SMUREC NOTED a letter dated 06 August 2015 from the researcher requesting to change the methodology of the study to be a mixed methodology research using an explanatory sequential design.

Motivation: In this study, the total population of 28 participants will be invited for phase 2 where the in-depth interviews will be conducted. The researcher further plans to conduct the interviews within the participants’ settings of choice such as at their home or work. The current proposed methodology is of sound scientific rigor to ensure that quality, credible data is collected for the target population and thus to explain/explore the findings.

SMUREC NOTED and APPROVED the request to change the methodology of the study to be a mixed methodology research using an explanatory sequential design.

Yours Sincerely,

[Signature]

PROF G OGINBANDJO
CHAIRPERSON SMUREC

10 September 2015

Cc.: Mr MD Tshabalala
APPENDIX 14: Hospital Permissions

Appendix 14a: Dr George Mukhari Academic Hospital Permission

Appendix 14b: Steve Biko Academic Hospital Permission

Appendix 14c: Kalafong Academic Hospital
To: Miss. Ntombenkosi Appears Sobantu
   Department of Physiotherapy
   P.O. Box 239
   University of Limpopo
   MEDUNSA
   0204

Date: 22 October 2013

PERMISSION TO CONDUCT RESEARCH

The Dr. George Mukhari Hospital hereby grants you permission to conduct research on
"Health-related quality of life of patients post pelvic fractures in the Tshwane Academic
Hospitals, Pretoria South Africa."

This permission is granted subject to the following conditions:

☐ That you obtain Ethical Clearance from the Human Research Ethics Committee of the
   relevant University

☐ That the Hospital incurs no cost in the course of your research

☐ That access to the staff and patients at the Dr George Mukhari Hospital will not
   interrupt the daily provision of services.

☐ That prior to conducting the research you will liaise with the supervisors of the relevant
   sections to introduce yourself (with this letter) and to make arrangements with them in
   a manner that is convenient to the sections.

Yours sincerely

DR. P SHEMBE
DIRECTOR: CLINICAL SERVICES
APPENDIX 14: Hospital Permissions

Permission to access Records / Files / Database at:

TO: .........................  FROM: Dr. M. N. A. Jabeere
Chief Executive Officer/Information Officer

Investigator

UNIVERSITY OF LIMPOPO
(Randpark Ridge, Nelspruit, South Africa)

Name of hospital / health care facility / site / location / school:

Re: Permission to do research at Steve Biko Academic Hospital Health-related Quality of Life of Patients Post Critical Illness Admission to the Intensive Care Unit: A Prospective Comparison Between Hospitals, Pretoria, South Africa.

TITLE OF STUDY: Health-related Quality of Life of Patients Post Critical Illness Admission to the Intensive Care Unit: A Prospective Comparison Between Hospitals, Pretoria, South Africa.

This request is lodged with you in terms of the requirements of the Promotion of Access to Information Act, No. 2 of 2000.

I am a researcher / student at the Department of ....... at the University of Pretoria. I am researching the above topic at ... Hospital. I hereby request permission on behalf of all of us to conduct a study on the above topic at the hospital or facility / ............ This study involves access to patient / client / learner / student / ............ files, record books and data bases.

The researchers request access to the following information: patient / client / learner / student / ............ files.

We intend to publish the findings of the study in a professional journal and/or to present them at professional meetings like symposia, congresses, or other meetings of such a nature.

We intend to protect the personal identity of the patients / clients / learners / students / ............ by assigning each individual a random code number.

We undertake not to proceed with the study until we have received approval from the Faculty of Health Sciences Research Ethics Committee, University of Pretoria.

Yours sincerely

Signature of the Principal Investigator

Permission to do the research study at this institution / facility and to access the information as requested, is hereby approved.

Title and name of Chief Executive Officer: Dr. H. J. M. N."

Name of institution: Steve Biko Academic Hospital

Signature: Dr. T. N."

Date: 06/06/2014

1 Delete all highlighted instructions before submitting the form for a signature. Also delete this footnote.
2 Delete what is not applicable and add a more appropriate description.
APPENDIX 14: Hospital Permissions

TO: MISS NA SOBANTU

RE: PERMISSION TO CONDUCT RESEARCH

Title: Health related quality of life of patients post pelvic fractures in the Tshwane Academic hospitals, Pretoria, South Africa.

Permission is hereby granted for the research to be conducted at Kaifong Hospital.

DR K M HTWE
CLINICAL MANAGER
DATE 31 JULY 2014

KAIFONG HOSPITAL