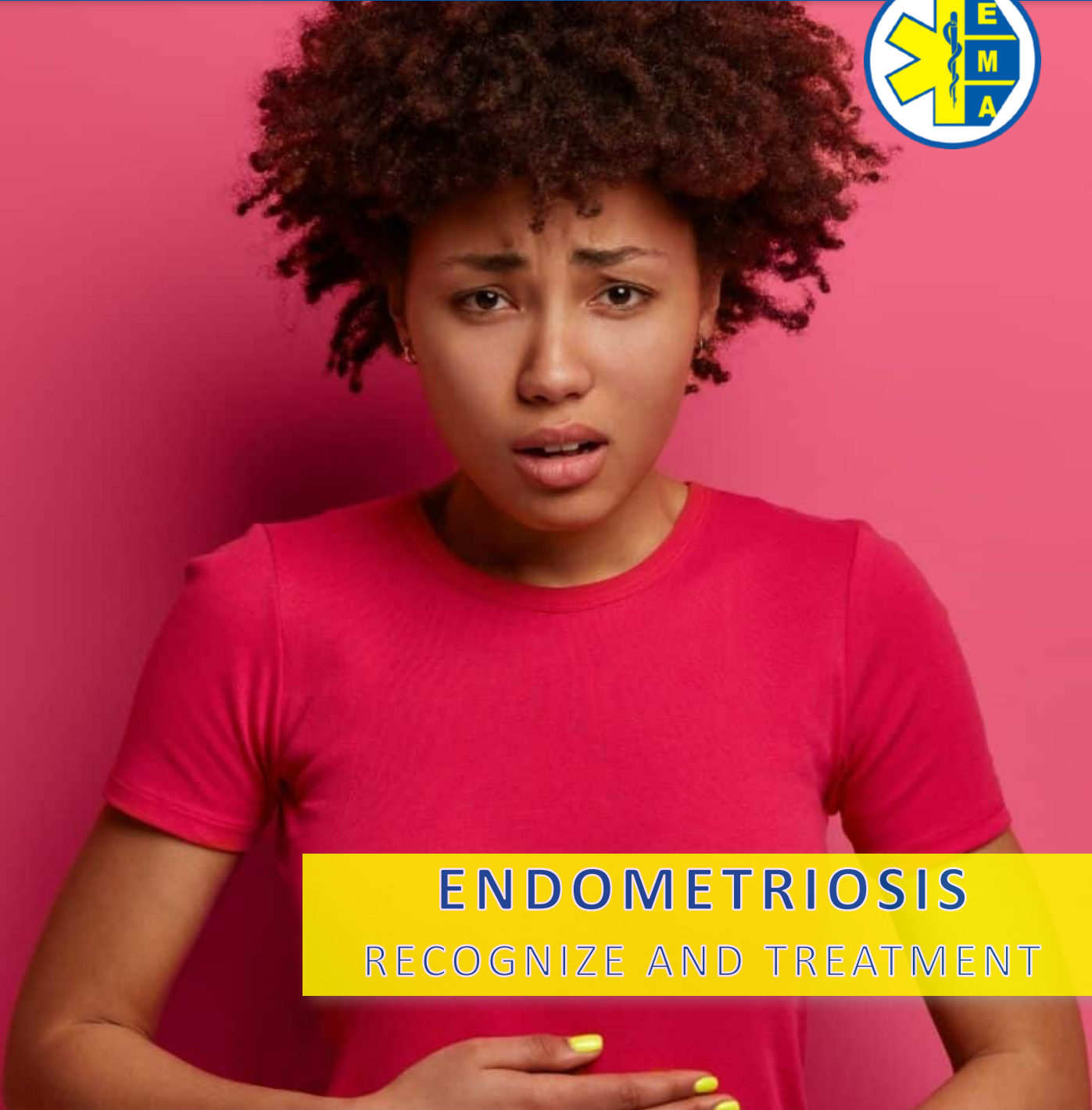


OSHMed Health Magazine

by



ENDOMETRIOSIS RECOGNIZE AND TREATMENT

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Endometriosis – recognize and treatment

Endometriosis can cause severe pain before and during your period and reduce the chance of becoming pregnant. The disease is often diagnosed late.

In brief

Endometriosis mainly affects women between puberty and menopause. It is one of the most common gynecological diseases and can repeatedly lead to pain and other complaints. In some cases, the disease is only discovered when the desire to have children remains unfulfilled. A reliable diagnosis is often only possible through laparoscopy. Because the exact cause of the disease is not known, there is currently no cure. However, if family planning is taken into account, the symptoms can be treated with medication and surgery.



What is endometriosis?

In endometriosis, cells that are similar to those in the uterine lining grow outside the uterine cavity. This can lead to inflammation and adhesions in the pelvic and abdominal cavity, cause cysts on the

ovaries and impair fertility. In those affected, endometriosis can cause varying degrees of symptoms, sometimes chronic, and can be very stressful. Symptoms are often related to the cycle - but can also occur independently of the period.

Hormonal influence

The uterine lining, the endometrium, lines the inside of the uterus and is influenced by sex hormones. But the mucous membrane-like tissue of the endometriosis lesions also reacts to the hormones. It is therefore built up and shed cyclically. However, unlike menstrual blood, the detached tissue of the endometriosis lesions cannot always flow out via the vagina.

Endometriosis lesions often in the pelvic area

Endometriosis lesions often grow on organs or structures in the pelvis. For example, they can develop on the peritoneum, ovaries, fallopian tubes, colon and bladder, as well as on the side, in front of and behind the uterus. Endometriosis lesions can also be found on the appendix, the navel or on surgical scars after a hysterectomy. Endometriosis rarely occurs in places such as the breast, liver, lungs or kidneys.

Many people affected by endometriosis, but often diagnosed late

Endometriosis is one of the most common gynecological diseases. It is estimated that ten percent of women of



childbearing age worldwide are affected by endometriosis. In Germany, an estimated 40,000 women are affected every year. Endometriosis can occasionally occur before the first period and also after menopause (last period). However, women between the ages of 35 and 45 are primarily affected. It often takes several years for the correct diagnosis to be made.

What causes endometriosis?

The exact causes of the disease are still being researched. Many factors probably contribute to the development of endometriosis. For example, it is not yet clear exactly where the cells of the endometriosis lesions come from. One assumption is that menstrual blood flows backwards through the fallopian tubes into the pelvic cavity. This could also cause cells from the uterine lining to reach the pelvis and form the endometriosis tissue. This is also known as retrograde menstruation.

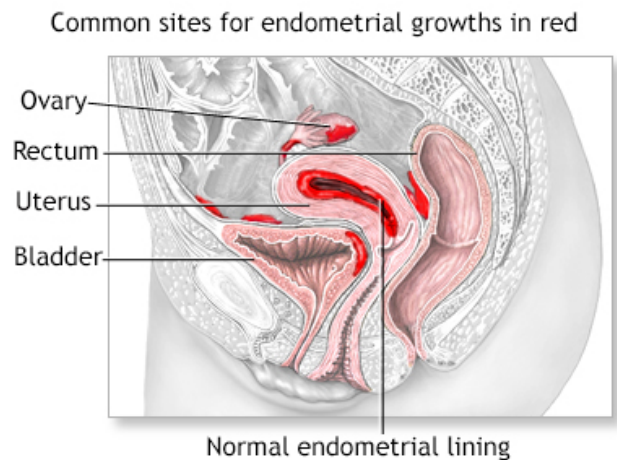
However, this backward flow occurs in many menstruating women - but only a few develop endometriosis. Other theories about possible causes say that certain cells develop into mucous membrane-like tissue. The immune system, messenger substances and genetic factors also play a role in the development of endometriosis.

What are the signs of endometriosis?

Pain

Chronic pain in the abdominal and pelvic area is a common symptom of endometriosis. It is often associated with the cycle. The pain can occur shortly before or during the period, or can worsen during the period. Pain is described as dull, throbbing, sharp or even burning.

Pain can also occur when going to the toilet - when emptying the bladder or bowel - and during and after sexual intercourse. Those affected may have pain in the lower back or abdominal wall.



Infertility

Those affected may also have difficulty becoming pregnant. Endometriosis may only be discovered when an unfulfilled desire to have children is clarified, as it has not caused any noticeable symptoms before.

Other possible signs

Endometriosis can also lead to heavy bleeding during periods and cause prolonged bleeding and possibly intermenstrual bleeding. Other possible





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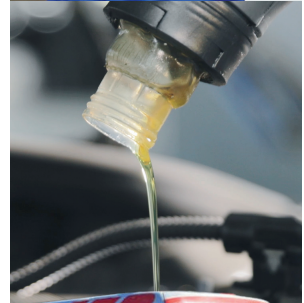
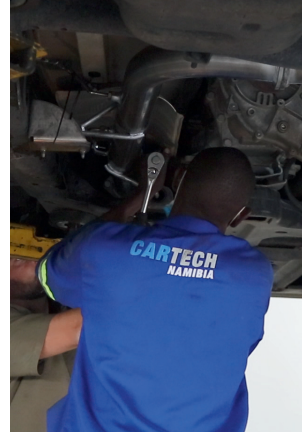
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symptoms affect the bladder and bowel. For example, you may have to empty your bladder particularly often or suffer from diarrhea or constipation. Blood in your urine or stool may also be visible. Other possible symptoms include fatigue or symptoms that indicate rare endometriosis lesions - such as chest pain or coughing up blood.

Sometimes no symptoms

For some people, the disease causes no symptoms. Endometriosis lesions are then discovered by chance during an operation for another reason, for example.

How is endometriosis diagnosed?

First, gynecologists ask about the symptoms and their relationship to menstruation. This is followed by an examination of the vagina and uterus, which may provide initial clues. These can be, for example, sensitivity to pressure during vaginal palpation, noticeable lumps or an immobile cervix.

The initial assessment also includes an examination with a speculum. This special instrument makes it possible to assess the vagina from the inside. Depending on the severity of the endometriosis, the findings may be normal.

Ultrasound

Usually, an ultrasound examination of the vagina follows. Changes to the genitals and bladder, for example, that are

compatible with endometriosis or other possible causes of the symptoms can be discovered. If the doctor does not find any changes, endometriosis is still a possibility, as the disease cannot be ruled out with certainty using imaging. Endometriosis tissue on the peritoneum in particular is difficult to detect without laparoscopy.

MRI and other examinations

An MRI examination of the pelvis may also be carried out - but this cannot definitely rule out endometriosis. If there is a suspicion, doctors will also carry out an ultrasound of the kidneys to detect a backflow of urine into the kidneys.

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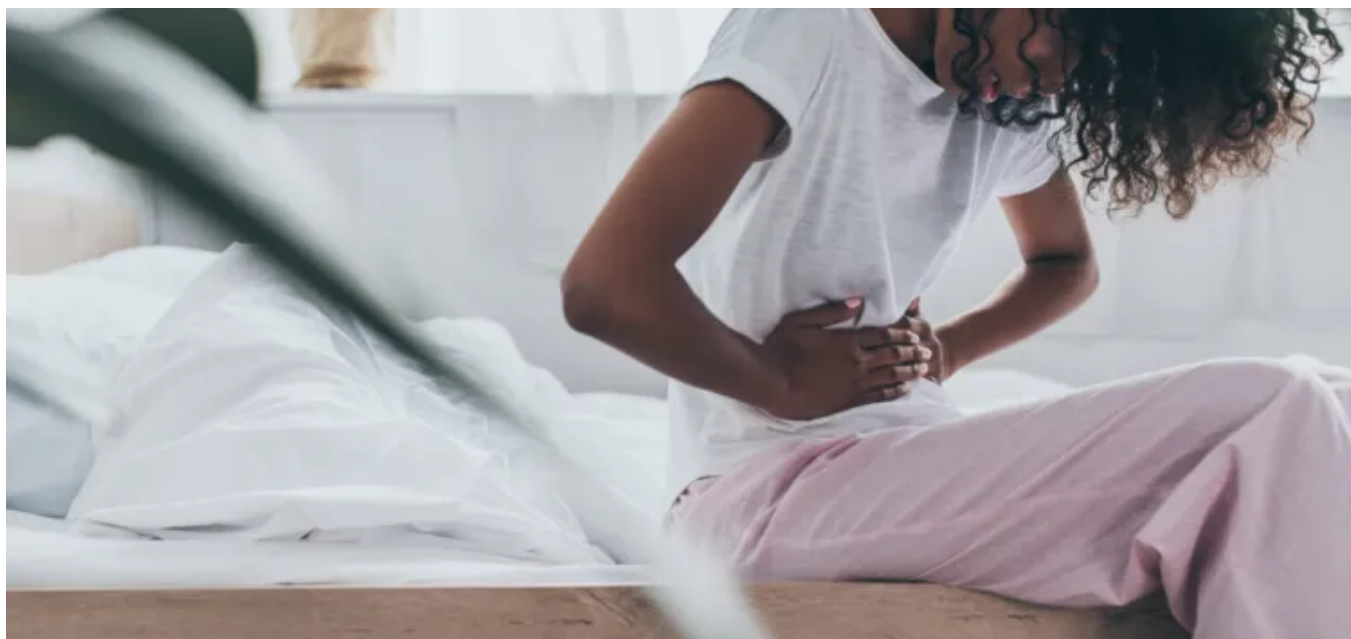
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Depending on the symptoms, such as pain in relation to the bladder and bowel, further examinations are possible.

The symptoms of endometriosis, such as lower abdominal pain, have many possible causes. Doctors may then first treat the suspected causes or rule them out. Periods can be unpleasant to a certain extent. But pain should not be dismissed. If you have the impression that pain is not being taken seriously, changing doctors may be helpful.

When is a laparoscopy necessary?

The symptoms and findings in the examination and imaging can suggest endometriosis. However, a clear diagnosis is only possible when suspicious tissue is removed during an operation and then examined.

A laparoscopy - a laparoscopy - is usually performed for this. Surgeons insert instruments through small incisions in the abdominal wall and can assess the

abdominal cavity and organs using a camera and detect tissue changes. Like any operation, a laparoscopy also involves risks. Anesthesia is also necessary.

Your doctor can advise you whether treatment with medication may be possible without a laparoscopy. However, a laparoscopy for diagnosis is usually also used to remove endometriosis tissue that is discovered during the operation and is therefore already part of the treatment.

Young people can also be affected by endometriosis. Doctors are more reluctant to perform a laparoscopy on them and may initially recommend medication if endometriosis is suspected.

What treatment is available for endometriosis?

There is no causal treatment, but the symptoms are treatable. Treatment options include painkillers such as ibuprofen, several hormonal medications



and surgical interventions. Doctors discuss which measures are appropriate and in what order with those affected.

Treatment depends, among other things, on the symptoms, how severe the symptoms are, the possible side effects and risks of the treatment and the test results - for example, where the endometriosis tissue is located and how far it has spread. Another decisive factor is whether there is a desire to have children.

Endometriosis is also known as a chronic disease. Symptoms such as pain can recur. If the symptoms return, medication and surgical treatment are also possible. The disease is only curable in individual cases. However, the symptoms usually disappear after menopause.

There are specialized and certified centers for endometriosis. Find information about this and contact self-help groups. Exchanging ideas with other sufferers can be helpful, as recurring pain or an unfulfilled desire to have children can also be psychologically stressful.



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Health Series - Neurodermatitis in children: What helps?

Children and parents suffer when diagnosed with neurodermatitis. Special training courses help to get the painful itching under control. They show a way out of the vicious circle



"At the beginning of the year," says Dorothea L., "I was totally worn out." Work, running a household with three children, and then Eleanor, the youngest, had neurodermatitis: she had red, sometimes weeping patches on her wrists, in the crooks of her arms, the backs of her knees and on her neck. The four-year-old scratched herself and stubbornly resisted the cream that supplies skin with neurodermatitis with oil and moisture. "Happy chases," says her mother briefly, "Eleanor in front and me behind with the tube full of cream."

Dorothea L. became more and more annoyed from day to day, and the more

annoyed her mother became, the worse her daughter's skin seemed to be. "At some point we went to our pediatrician, and she just said: you need rehab!" The doctor filled out a form, and two weeks later the approval came.

"When I got the approval, the pressure and stress fell away from me. I was happy," says Dorothea L. "And suddenly Eleanor's skin improved too, which I think shows how skin and psyche are connected: Eleanor was stressed because I was stressed, and that probably had an effect on her neurodermatitis."

Numerous possible triggers

According to the Robert Koch Institute, a good twelve percent of children and young people in this country have neurodermatitis, which is most commonly diagnosed between the ages of zero and two. Children's skin barriers are too permeable - probably due to genetics - and are overly sensitive to different factors.

For one child, it could be pollen that comes into contact with the skin, for another, it could be detergents that they cannot tolerate, or T-shirt seams that irritate the skin. Sometimes food triggers the skin inflammation, which is usually very itchy and occurs in bouts, sometimes temperature fluctuations.

The fact that doctors also list stress as a possible trigger is not least due to the work of Professor Dr. Uwe Gieler, a



specialist in dermatology and psychosomatics as well as psychotherapy at the University Hospital in Giessen. He has been studying the connection between skin and psyche for a good four decades. According to him, the fact that both influence each other (for example, when we blush with shame or turn pale with shock) also has evolutionary biological reasons: "The skin, the brain and the nervous system develop from the same type of cell, the ectoderm," explains the researcher. Uwe Gieler and colleagues first demonstrated in the laboratory that mice under stress more frequently develop abnormalities on their skin. Later, they found that certain messenger substances in the blood can change in standardized stress situations in humans too - and that stress can ultimately affect tissue cells: "We can now say with some certainty that stress can firstly trigger skin diseases and -

secondly - affect their course." A vicious circle develops

A vicious circle often develops, which can be clearly seen in the example of the L. family: after Eleanor's neurodermatitis had been quiet for a while, it suddenly flared up again. "The mere fact that these red spots were there again stressed me out," says Dorothea L.

Each one of them feels like a hundred mosquito bites to the child. Eleanor's mother is used to her resistance to the cream being applied, but in this situation it is particularly bad. The daughter scratches herself, which increases the inflammation and stresses the mother further. That is why she often brings Eleanor into bed with her at night so that she can control the scratching. Dorothea L. hardly sleeps anymore as a result, is accordingly exhausted during the day, has

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little energy - and reacts more and more sensitively, which in turn increases Eleanor's scratching.



Medication is not enough

Uwe Gieler was sure early on that medication alone is not enough to prevent such a situation from arising in the first place. From 1996 he was part of a group of experts who developed a training program for parents and children, and in 1999 he was one of the founding members of the Neurodermatitis Training Association.

The training courses provide knowledge about the disease, its triggers and treatment options, but also about coping strategies, relaxation and communication techniques, stress and time management within the family. Doctors, nurses, educators, psychologists and nutrition experts work with the parents and children in an interdisciplinary and systemic manner, i.e. with the whole family in mind. The training courses are offered on an outpatient basis throughout Germany or are embedded in

rehabilitation measures, as requested by the L. family.

Mother and daughter spend four weeks on the North Sea island of Amrum in the Satteldüne specialist clinic. Rehabilitation is not a vacation. Every day there are training courses, treatments (such as massages, oil and salt baths), and discussions with psychologists, nutritionists and doctors.

The step-by-step therapy plan

For example, with pediatrician Dr. Johannes Matthias. "Atopic dermatitis," he says, "is a very invasive disease that is difficult to control and is therefore often very stressful."

At the beginning, the pediatrician always instructs the parents on the step-by-step therapy plan. Step one involves avoiding known triggers and basic care: "Atopic dermatitis skin needs moisture and fat.

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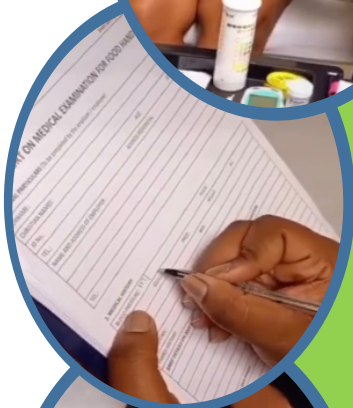


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Unlike healthy skin, it cannot regulate itself." Affected children must be moisturized two to three times a day and after every bath - in summer with moisturizing lotions (less fat) and in winter with creams (more fat than water). Parents learn that baths, for example with sea salt or oil additives, help - and can sometimes be an alternative to creams.

Children who scratch can benefit from moisturized bandages in a very simple way: apply ointment or cream to the skin, tie a wet bandage around it, and that's it. "If the skin gets worse, becomes dry, infected or inflamed, stage two occurs," says Matthias. Preparations containing urea, zinc or mild cortisone are then used. The doctor only recommends the latter if other active ingredients do not help. Stage three applies to severe inflammation, which can be treated with stronger cortisone, among other things.

Feeling helpless is normal

The tricky thing about neurodermatitis: families can stick to this plan, i.e. do everything right - and yet the disease can suddenly break out again and get worse. And lotions, creams or ointments that have always helped before suddenly have no effect. "This often gives parents a strong feeling of helplessness," says Pia Schäfer, who heads the psychological service at the specialist clinic.

In rehab, parents talk about it. They see that other people have these problems



too. That they are not the only ones who experiment somewhat helplessly with different lotions, creams or ointments, for example. They learn that this is part of the illness and that they have no control over certain things, so they are not to blame.

That alone is a relief for many. To take as much stress out of everyday family life as possible, Pia Schäfer also talks to them about time management. "When I wake up in the morning and think: 'Wow, we don't have enough time to do all of this,' then something has to change, even if it means that everyone gets up earlier or I get help," she says. It's also about relaxation techniques such as muscle relaxation or autogenic training, time out for yourself and quality time for siblings, for whom there is often little time. "It is just as important that parents spend exclusive time with their child suffering from atopic dermatitis - in addition to the time spent on the illness and its



treatment," says Pia Schäfer.

Strengthening the child's self-confidence
Because parents often no longer see the child, but only the illness. This is also reflected in communication: "The child gets up in the morning - and the first thing that comes to mind is their skin. The child comes home from daycare - and the first comment is about their skin," says Pia Schäfer. This can fuel a problem that often accompanies these children anyway: "Many have difficulty developing a healthy self-esteem," she says. Neurodermatitis is a visible disease that children - especially in severe cases - are sometimes teased and excluded because of. "In daycare, children turn away, at the swimming pool, people leave the pool," Pia Schäfer gives examples.

In the training courses, parents therefore learn how important it is to deal with the disease confidently and openly: "The more confident they are, the better their children deal with it," says the psychologist.

And parents learn something else: how to formulate positive requests. "It's no use telling a child with itching: 'Don't scratch yourself!' You have to suggest an alternative, such as: 'Use the scratching block instead.'"

Scratching blocks help

The children (from three and a half, four years old) learn what the scratching block is in the Satteldüne from children's nurse Silke Klüßendorf, who paints, crafts and plays with them. When Eleanor attends the training, for example, she paints a figure and draws where she herself

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itches. "The children should be aware of when they itch: what triggers it and where it itches," explains Silke Klüßendorf. She then brings out small wooden figures that she calls scratching ghosts, which, she tells the children, can be driven away by applying cream or bathing. "They learn in a playful way why creaming is necessary, why it is a duty like brushing teeth."

And soon the focus will be on the scratching blocks mentioned: "Instead of scratching their own skin, the children can take the blocks covered with a window cloth and place them on the itchy area," says Silke Klüßendorf. She is concerned with providing scratching alternatives so that the miserable itch-scratch spiral doesn't even start. In addition to scratching blocks, these can also be cooling pads, stones or massage balls.

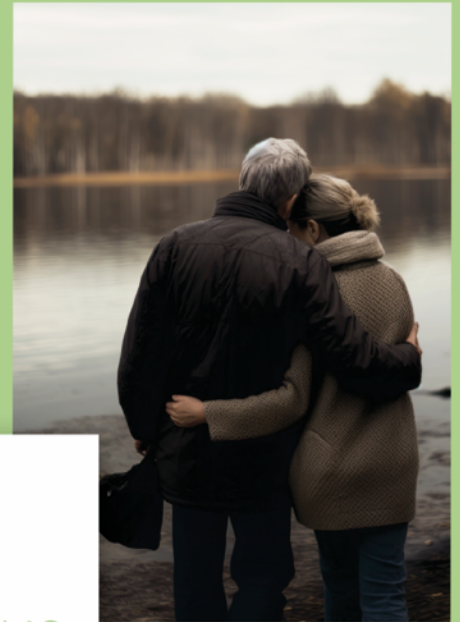
Food as a trigger?

Mother Dorothea L. also benefits from the advice given by nutritionist Evita Ausner. She works in the specialist clinic because in around a third of children, food triggers or worsens the disease. "We got some very good recipe ideas in the training courses," says Dorothea L.

"It used to be common practice to simply put all children with neurodermatitis on a diet," says Evita Ausner. "Today, fortunately, we are looking more closely to ensure that not so many children are doing without things for nothing, for example wheat or tomatoes. Small children in particular need the opportunity to try out foods because they develop their taste over time."

A blood test, for example, can provide clarity about allergies. "This should always include a provocation with the foods that then test positive under medical supervision," explains Evita Ausner. "Positive results in allergy tests





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do not always mean that the food must be avoided." Evita Ausner advises going to specialized doctors and allergy-certified nutritionists (contact points at www.allergie-wegweiser.de). Those who go to rehab usually get the complete package: Evita Ausner not only trains parents in cooking, but also in reading labels correctly and discovering hidden ingredients.

Training courses help - outpatient or in rehab

It is not only families who take part in rehab who can benefit from the content of the neurodermatitis training. This is also offered on an outpatient basis

nationwide. Training centers can be found on the website www.neurodermitisschulung.de. The program usually consists of six sessions of two hours each. The courses take place once a week.

The benefits of the training are well documented. For example, the "German Atopic Dermatitis Intervention Study," in which more than 800 families took part, showed that parents and children were able to deal with the disease better afterwards. As a result, their quality of life improved significantly - and sustainably. The effects were still present even a year later.

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Health & Safety - Forging a Confident Connection to Footwear

Ensuring optimal fit, durability and protection is critical for worker performance and safety.



Workers demand the best gear to perform challenging tasks in dynamic environments to earn their livelihood. Due to the inherent risks on the job, the United States Congress enacted the Occupational Safety and Health Act in 1970, stipulating specific standards to keep workers safe. Mirrored by similar measures enacted worldwide, these safety acts protect hundreds of thousands of workers from injury.

Standards include requirements that shoes worn on the job have specific features such as safety toes to prevent

crushing of the forefoot, stiff and slip-resistant soles, and typically have a height requirement to provide ankle support. Shoe durability is also critical because of the difficult conditions and potential impact of breakage on income.

The fit of work boots is tantamount to other safety features. Workers, employers, and governmental agencies need to understand more about optimizing fit since:

- For most workers, their feet do not match the shape of their footwear.
- Footwear that does not fit appropriately is associated with pain and risk of injury.
- Footwear designed to wrap and conform to the foot dramatically improves performance in a laboratory and real-world setting.

While safety toes, rigid boot cuffs, and stiff, puncture-resistant soles have prevented many injuries, they create unique challenges in finding an optimal fit for workers, which may cause different injuries and inefficiencies on the job.

Traditional methods of footwear manufacturing coupled with common safety features make it difficult to find shoes that protect against hazards while fitting well to ensure a secure heel lock for long days on the job. Most shoes are manufactured using a “U-Throat”—a broad opening on either side of the tongue cut into the shape of a “U.” Footwear maker have employed this



method since the 19th century, because it is efficient for factories.

When manufacturers combine a U-Throat with a safety toe, it can create a bubbling effect in the fore and midfoot. Shoes are so voluminous that workers need to find a way to secure the midfoot and heel.

Because the optimal fit of shoes is primarily associated with holding the instep, workers compensate for the looser forefoot by selecting too much lace tension right over the instep. This practice inadvertently causes reduced circulation and pressure points as workers over tension laces to get the heel hold they need.

Additionally, the midfoot undergoes up to 30 degrees of motion during walking, so overtightening the product here can cause inefficiencies in every step during

the day, leading to increased fatigue. A solution for this problem is brands releasing products designed to wrap over the midfoot, conforming to the instep with broad panel structures, eschewing—or modifying—a traditional U Throat and moving the 'closure' to the lateral side of the foot, which can be more significantly effective in creating heel hold.

Intending to create stable and durable products, work boot manufacturers often design rigid shafts and soles. However, too much rigidity creates inefficient movements and alters how workers move throughout the day. Research on how workers navigate a work environment found that boots with different, targeted stiffness between the sole and shaft created the safest shoe, and reduced worker slip risk.

Also, workers preferred shoes with a stiff sole and flexible shaft, which significantly

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affected the pressured distribution on their feet and is a primary risk factor for metatarsal fracture. Workers should try on multiple products to find a boot that does not overly restrict movement, conforms to their midfoot, locks the heel into place, and has a shaft that supports the ankle without excess rigidity. Footwear makers should use these findings and innovative materials to create safer end products that tune the stiffness in the sole, shaft, and upper for various needs.

There is good reason to try on multiple options and seek shoes that conform to your foot before buying: footwear and products designed to fit and conform to feet can often be perceived immediately and may reduce injury risk. Moreover, when manufacturers design shoes to conform to key aspects of the foot, such

as the instep, they materially improve heel hold without excessive pressure points, ultimately allowing safety toes to protect the foot without causing detrimental changes in how workers move through the day.

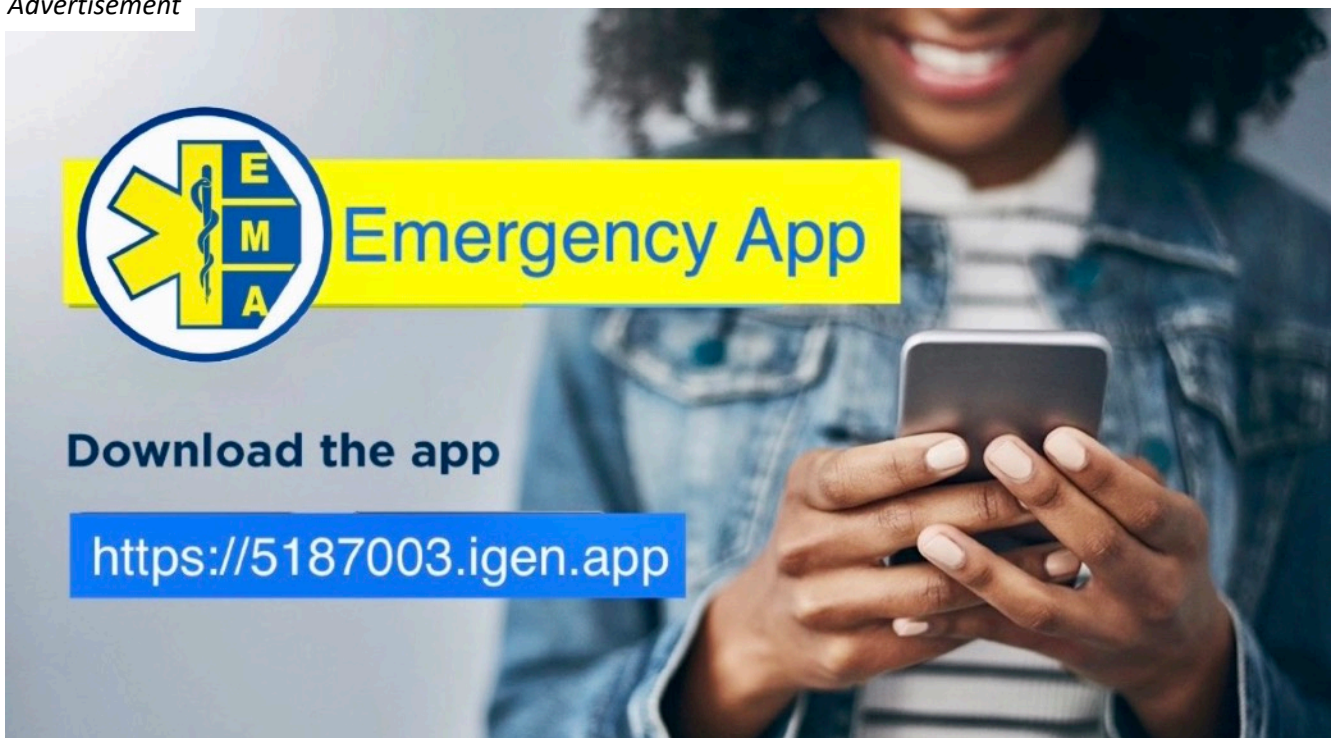
Keeping up with safety standards can be a big challenge. Our platinum supporter OSH-Med international can assist you with this challenge. With the implementation of OSH safety standards E.M.A. recommends to contact our platinum supporter OSH-Med international. They can assist you with all your questions, requests, training and services and PPE in their expertise.

Contact details:

Service Hotline: 061 302 931

Email: info@osh-med.pro

Advertisement



The advertisement features a woman with curly hair, wearing a denim jacket, smiling while holding a smartphone. Overlaid on the image is a yellow banner with the text "Emergency App" in blue. To the left of the banner is a circular logo containing a yellow Star of Life with a caduceus in the center, and the letters "E", "M", and "A" stacked vertically on the right side. Below the banner, the text "Download the app" is displayed in blue. At the bottom of the advertisement, a blue banner contains the URL "https://5187003.igen.app" in white text.



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Would you like to advertise in our Health Magazine?

We offer an ideal advertisement platform with over **8,000** receivers of this magazine.

The OSHMed Health Magazine reports every Thursday about health and safety information as well as information about the nonprofit organisation E.M.A. If you would like to advertise, please contact us for more information.

Email:

healthmagazine@osh-med.pro

Telephone: 061 302 931 and ask for Fabian

Your advertisement will assist our nonprofit organisation to help patients in need.

To all supporters and future supporters we say

THANK YOU!

Advertisement



Emergency Number: 0855454545 Office: 085 544 4444
Email: info@sec-med.com.na

In Windhoek West for Windhoek West

EMERGENCY NUMBERS	
Sec-Med Security Emergency	085 545 4545
CERT (First Responder Medical & Rescue)	085 544 4444
EMA Rescue Services (Ambulance Service)	9112
MVA Fund Emergency Services	9682
Fire Brigade	211 111
City Police	302 302
Windhoek Police Station (NAMPOL)	209 4204
Water Leaks	290 3777
Electricity Power Failures	290 3777
SPCA Emergency	081 124 4520
WHK Animal Hospital:	081 124 9052

info@sec-med.com.na | 085 544 4444

OUR SERVICES:
RESIDENTIAL SECURITY
CCTV MONITORING
COMMERCIAL SECURITY
CONSTRUCTION SECURITY
EVENT MANAGEMENT & SECURITY
VEHICLE TRACKING & RECOVERY
SECURITY & SAFETY AUDITS
NEIGHBOURHOOD WATCH
STREET PATROLS

TRUSTED SECURITY GUARDS



Emergency Call: 9 1 1 2

Fun Time - Joke of the week



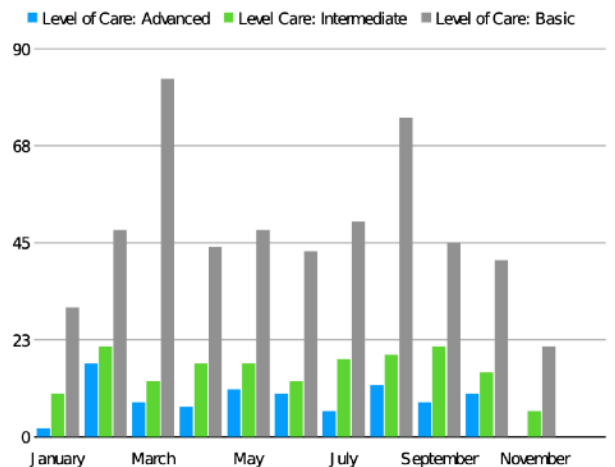
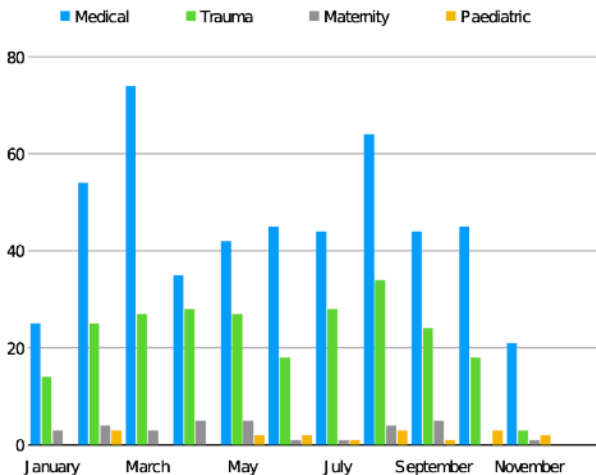
What's the best thing to put into a pie?

Your teeth.

You can help E.M.A. to help others by becoming a supporting member
more information on www.ema-organisation.pro

E.M.A. Emergency Statistics, updated 20.11.2024

	Medical	Trauma	Maternity	Paediatric	Level of Care: Advanced	Level Care: Intermediate	Level of Care: Basic
January	25	14	3	0	2	10	30
February	54	25	4	3	17	21	48
March	74	27	3	0	8	13	83
April	35	28	5	0	7	17	44
May	42	27	5	2	11	17	48
June	45	18	1	2	10	13	43
July	44	28	1	1	6	18	50
August	64	34	4	3	12	19	74
September	44	24	5	1	8	21	45
October	45	18	0	3	10	15	41
November	21	3	1	2	0	6	21
December							
Total per annum	493	246	32	17	91	170	527
Total	788				788		



Emergency Call: 9 1 1 2

E.M.A. nonprofit organisation say THANK YOU to our supporters:

Platinum Supporter



www.osh-med.pro



www.westcarenam.com



www.metjeziegler.org



Gold Supporter

Silver Supporter



Bronze Supporter



Become a supporter

It is easy to become a supporter as private person or as company.

Apply with us to become a supporting member that we can fulfil our objectives.

Contact us:

Email: ema-organisation@osh-med.pro

Website: www.ema-organisation.pro

Telephone: +264 (0) 61 302 931



Emergency Call: 9 1 1 2



Emergency Call



Important information to give:

- **Where** is the emergency?
- **What** happened?
- **What** kind of injuries?
- **How many** injured person
- **Waiting** for further question

Emergency Numbers:

Ambulance services:

E.M.A. Rescue Service

9112

Fire Brigade:

Windhoek

061-21 1111

Police:

NamPol

10 111

City Police (Whk)

061-302 302

MVA Fund

9682

(all numbers are from GRN or non-profit organisations)



d.o.c.
Service Hotline
085 - 9112

OSH-Med International and Emergency & Medical Assistance Service Hotline: 061 – 302 931



Emergency Call: 9 1 1 2