Spring President’s Address

First, I want to thank all of you for affording me with this honor and opportunity to lead this special organization. I am committed to helping facilitate the growth, recognition, expertise and mission of our members/organization. Your board of directors and executive director will meet monthly through the year by teleconference and face-to-face as always at NMEDA, ADED and for the transition meeting in December. During our meeting at NMEDA, this year’s strategic plan goals were reviewed, and each board member has taken ownership of various aspects of the plan. Your feedback on surveys and personal input were the driving force behind the goals developed in the plan. Each board member presented individual personal goals for our service to ADED this year.

The momentum of change, opportunity and the goal for ADED to be the recognized authority for driver rehabilitation is here. The trend is strong. Our future is strong. We have the dedication of members of our elected board of directors, ad hoc and standing committee members and the executive office, all contributing to this forward movement. As we are asked to become more involved and partner or endorse opportunities, we will need to build the infrastructure and foundation to support the new projects we will embrace.

The ADED office has moved to a space that will support more than one employee and provide our organization with the secure space needed to organize and house our archived files for use as we grow. Our history will help us to develop our future. The board has an ad hoc committee led by Mary Schwartz, past president, which has developed and recommended these infrastructure changes. They are also researching how executive directors of similar non-profit organizations with comparable membership size are being compensated. This research will be addressed in formulating the compensation plan for our executive director. The methods used to reach any decisions will be clear, transparent, fiscally responsible and objective.

The 2012 board of directors approved a marketing program with the goal of increasing awareness of the organization to current and future consumers and building the identification of ADED as the gold standard for driver rehabilitation specialists and resources. The team led by Liz Green, with valuable input from James Morrison and Eric Mansfield, have been overseeing the execution of the plan which rolled out in early 2013. Watch for new materials throughout the year that you can share with those you serve.

As ADED grows, we are being recognized by other organizations as the experts in the field of driver rehabilitation. We have been approached by the University of Florida to become partners in an educational venture with the goal of supporting continuing education opportunities and pathways for new practitioners with an allied health background to become driving specialists and then CDRSs. The final plan includes development of specialty or advanced practice pathways for seasoned driver rehabilitation specialists in areas like low vision, high tech, cognitive impairments and developmental disabilities. An ad hoc committee led by Beth Rolland, board member at large, is working to help pursue this alliance. Liz and I will meet

(continued on page 5)
Editor’s Note—
Coping with Failure

We all have our ups and downs in this field. I had a week recently when I had to fail four different men ranging in age from 65 to 87. I made grown men cry and it was depressing. I did not try to upset them. I do my best to be sensitive, but it is hard to hear that one has to “retire” from driving. The reasons varied, but all of you can relate. Some took it well or at least appeared to understand the rationale behind my recommendations. I hate to fail people, but I know it goes with the territory. I am pleased that we have more evidence-based tests to help us back up our opinions. If I have to take the keys, I want to do it with conviction. Check the articles on HIV and the TDSS to see the directions research is taking.

The oldest man was someone I have seen three times in the past four years. In my practice I have the ability to see people where they live (if they choose), so I have worked with him in his home area each time. In those situations I have the disadvantage of not using a standardized route, but I have the advantage of being able to see him go where he normally goes, and we went basically the same places each time. He had failed the clinical tests given by a local OT but refused to believe her recommendation that he cease driving. By being able to explain the changes in his driving behavior from his previous on-road assessments, I could give him concrete examples of the changes in his performance. That mattered a lot to his family, as his local daughter was going to have to get support from her out-of-state siblings. If you don’t offer this type of service in your program, consider it. Many older drivers are only looking for clearance to drive locally. The routes they choose, down to whether they exit a parking lot at a light or not, can give you evidence about their judgments. I have been out with drivers who have gotten lost taking me to their chosen destinations. That is clearer proof than their not being able to follow my verbal directions in an unfamiliar area.

The youngest client was a recently retired CPA who had been diagnosed with only

(Continued on page 5)
Greetings from the Executive Office

“Coming together is a beginning. Keeping together is progress. Working together is success.”
- Henry Ford

Greetings ADED members! ADED members come from a variety of backgrounds and professional experience. As a team of experts, we offer optimism, hope and confidence while touching lives on a daily basis. Driver Rehabilitation and vehicle accessibility is built on a foundation of small things offered with great love. I am certain that you are reminded in large and small ways every day that the work you do is important and makes a difference. As we gear up for our Annual Conference and Exhibits in Columbus, Ohio, I ask you to reflect on what it means to be a member of ADED. ADED is more than an annual conference; however, once a year, conference provides a forum not only for continuing formal education and gathering information from our exhibitors but also provides an invaluable opportunity to network and learn with others in the field. In some areas driver rehabilitation specialists are scarce, and annual conference allows those folks to learn from others, thus improving their programs. Mobility equipment dealers are counting on driver rehabilitation professionals to build on their education and produce quality evaluations and prescriptions. Annual conference is the best place to learn new things, meet new people and spend time with friends and mentors.

2013 activities to date:

New home, new staff! As of March 1, 2013, ADED has a new home! Located in downtown Hickory, North Carolina, the ADED office is now in a professional building and is set up and ready for business. (Please see box on page 3 for new address). Additionally, a part time office assistant has been hired and is on hand to assist you. Please see insert for more information on our newest staff member.

February: The ADED pre-conference workshops and associate member series were well received at the February NMEDA conference in Daytona Beach, Florida. In conjunction with the NMEDA conference, Leah Belle and Nathalie Drouin presented ADED’s course, Introduction to Driver Rehabilitation, to attendees traveling from across the United States and as far away as Japan and South Korea.

March: ADED was present at the Pacific Northwest Driver and Traffic Safety Conference. This conference continues to host the largest attendance of driver education professionals in the Pacific Northwest. This year’s conference hosted over 300 attendees from Washington, Oregon, Utah, Idaho and California. Jeff Lango, OTR/L, CDRS, presented a pre-conference workshop entitled, “Students with Disabilities”. At the ADED booth, I was able to meet with many instructors, either looking for programs to refer clients or learn more about the qualifications to become a driver rehabilitation specialist. The Northwest ADED Chapter took the opportunity to hold their meeting the day before the event, and it was my pleasure to see our members from that part of the country.

April: ADED will be present at the AOTA annual conference in San Diego, CA. ADED President, Michele Luther-Krug, and I will be on hand at the exhibit hall and will be present at the driving-related workshops. ADED volunteers will also be on hand to help host the ADED booth. Our purpose is to promote the association, educate generalist occupational therapists about driver rehabilitation and encourage OT students to learn more about the field.

ROAD SIGNS:

CDRS Renewals - Check your certificate! If your CDRS expires 12/31/2013, you can expect to receive a renewal packet in the mail. If you have not received your packet by July 1, 2013, please contact me. CDRS renewal applications are also available on the web at www.aded.net. Deadline for renewal is November 1, 2013.

Membership Renewals - A huge “thank you” goes out to the members who have renewed their memberships for 2013. With this year’s membership drive, 20 lucky people were selected through a drawing for 50% conference registration discount. In order to keep your member profile active on the ADED website, you must renew your membership. If you did not receive renewal applications in the mail, one is available on the website. Renewals may also be done through the website. If you have any trouble logging into your account, please e-mail us at info@aded.org.

Website updates - We are continuing to update and revise the overall look, accessibility and functionality of the website. Suggestions are always welcome! This is YOUR website; my aim is to make it meaningful and functional for you and your consumers.

2013 ADED Annual Conference: Mark your calendars for 2013 Annual Conference in Columbus, Ohio!

Conference dates are August 18-20, 2013. Pre-conference workshops are on August 17, 2013, while the two-day courses (continued on next page)

Meet Robert!

Robert Dant is the latest staff member to join ADED. He has filled the position of part time office assistant and is available to assist you. Robert Dant has years of sales and management experience within a wide range of areas from direct customer retail, multi unit management, running telephone call centers and even operating his own business. He is very business minded, customer oriented and easy to talk to. He is well versed in all the modern technology for running small to medium size companies and is excited to join the ADED team.
will be held August 16-17, 2013. You can earn up to 33 hours at this year’s conference! Scholarship opportunities are available through the ADED, Adaptive Driving Alliance and the Spirit of Crescent Industries scholarship funds. The ADED Memorial Scholarship Fund, supported by ADED, provides financial assistance to members for ADED course attendance. The Adaptive Driving Alliance scholarship supports members sitting for the 2013 CDRS exam, while the Spirit of Crescent Industries scholarship supports members attending conference. There is a scholarship to meet every need. Early Bird deadline for discounted conference registration fees is July 1, 2013. It pays to be a member as you are eligible for discounted combination rates. If you are not a member, join on the conference application and reap the benefits of membership right away!

2013 CDRS Examination: ADED offers the only multidisci-

plinary certification in driver rehabilitation, and I hope that if you have not obtained your CDRS that you are planning on sitting for this year’s exam. The CDRS examination handbook and application form are available on the ADED website. Please visit www.aded.net for details. Applications must be submitted directly to Applied Measurement Professionals, the testing company that manages the exam.

Thank you for the work you do every day. Thank you for your commitment to the profession and to this association. Great success in independent community mobility and vehicle access is achieved through teamwork and dedication from our over 700 members. ADED is only as good as its membership, and our members are simply the best!

Sincerely,
Elizabeth Green, Executive Director

Editor’s Note—Coping with Failure (continued)

mild cognitive deficits, but his memory was a significant issue. While his vehicle handling skills were adequate, he got lost. Again based on research, I have taken the issue of getting lost much more seriously than I did in the past. His wife hoped he could drive locally, but I had to point out that the anecdotal evidence suggested otherwise. He had tried to walk home from the YMCA one day (about a mile); instead, he went five miles in the wrong direction before calling home. Even at a moderate pace, that had to take a while. Imagine how far he could have gotten in that time behind the wheel.

So what gets us through weeks like this? Well, the following email helped. This client had been driving unsafely for a few years due to loss of LE sensation secondary to MS. His wife had refused to ride with him, and he limited his activities. He sent this message to the vendor and me the day his hand controls were installed.

“Hey guys,

Made it home okay. In fact stopped to get gas, went to cleaners, stopped by UPS store and stopped and got a Subway for me and the wife. And get this. Took the wife for a ride. Haven’t done that for about two years. Thanks so much.

P.S. didn’t break or tear up anything.”

I love my job (most days) and I love being part of this organization. The other ways to survive a week like that one is to have the wife. And get this. Took the wife for a ride. Haven’t done that for about two years. Thanks so much.

P.S. didn’t break or tear up anything.”

I love my job (most days) and I love being part of this organization. The other ways to survive a week like that one is to have the support of your peers. I know ideas and support are just a phone call or email away, and working mostly by myself, that means a lot. If you are new to the field, don’t know many other driving specialists or like me, work pretty much in isolation—going to conference, involving yourself in committees and developing a network you can count on are major reasons to make sure we see you in Columbus.

Beth Anderson Gibson, OTR/L, CDRS

from the Executive Office (continued)

with UF representatives at AOTA. Other similar alliances are being explored.

The lack of uniform terminology or accurate definitions of the various types of driver rehabilitation programs has been an area of concern for many years. These are being developed in an effort to better describe the services that the driver rehabilitation specialist provides at various levels of intervention. As more research is being pursued and stakeholders are looking into how to find our services, these terms must become more descriptive of what we do so that the consumer may be able to match his/her need to the proper service provider. Clarity will lead to improved outcomes for ventures in the area of reimbursement and licensure. AOTA asked ADED to be at the table as an expert in this work. Janet Stohler treasurer, Beth Rolland member at large and Amy Lane president-elect are members of this committee. In fact, Wikipedia now has a definition of Driver Rehabilitation because of board member work! Check it out.

Advocacy for political action and insurance coverage of driver evaluations have been topics of member interest and consumer need for many years. Board member at large, Holly Alexander, is working in collaboration with ADED member Donna Stres- sel and staff at AOTA to facilitate these avenues of opportunity through advocacy, education and awareness meetings held with national stakeholders.

Research grant applications have been submitted to several national organizations by Beth Rolland with input from Amy Lane. As we learn more about the results of these efforts, we will pass that on to you.

Another one of our priorities is making educational courses available on line this year. In addition, the certification renewal and course approval process will be streamlined. The certification committee is currently working to address these processes.

Growth is not realized without risk and expense. The executive office and board are being charged to find ways to build revenue streams that will support this growth. Investments and assets are being carefully managed to achieve this goal.

The 2013 ADED board of directors is a hard working group of individuals committed to membership with the ultimate goal of supporting the efforts of all members to provide quality and comprehensive driver rehabilitation services and community mobility options for the public that we serve. Please attend the annual conference in Columbus, Ohio, so that you can participate in this momentum personally. We have a great conference planned, and I look forward to seeing you there.

Michele Luther-Krug COTA/L, SCADM, CDRS, ROH
Motor vehicle crashes are the leading cause of death for teenagers with speeding, seat belt non-compliance, alcohol involvement, and distractions serving as primary contributors. In an effort to mitigate teen crashes, a prototype teen driver support system (TDSS) was designed and developed. This computer-based system provides real-time feedback to teens regarding speed limit violations and warnings of upcoming speed zone changes. The TDSS functions coach teens in safe driving behaviors through the use of contextual in-vehicle information, reminders and warnings. Behaviors monitored by the TDSS prototype include speeding (general and curves), seat belt use, presence of passengers, excessive maneuvers, and optional curfew monitoring functions. The teens are provided opportunities to prevent messages about their risky behaviors being sent to parents via a graded warning system for the speeding and seatbelt function. Parents are involved in their teens’ driving by receiving information about risky events. The near real-time aspect of text messages means parents can engage in conversations with their teen about unsafe driving behaviors soon after they occur (e.g., at dinner). The parental summary website allows parents to track teen specific driving information (e.g., GDL provisions, crash risk factors) and receive updates about positive improvements over time to promote conversations about safe driving.

A usability study was conducted at the University of Minnesota to evaluate the functions and interfaces of the TDSS. Overall, the current TDSS prototype was evaluated favorably by parents and teens. Based on the results of the usability study, several recommendations were made to improve the system before a Field Operation Test (FOT) was conducted. A current wide-scale study of 300 teens by the University of Minnesota is in progress to test the efficacy of the TDSS against a baseline population. By informing teens of speeding behavior, it is hoped that this system will reduce behaviors that lead to teen crashes.

Next to younger drivers, older drivers have the second highest injury and fatality rate per 10,000 licensed drivers as well as the highest injury and fatality rate per 100 million miles driven (FARS, 2010). The TDSS has been customized for teen drivers; however, many of the functions may apply or can be altered to meet needs of older drivers. Posted speed limits and speed notifications may be a benefit to older drivers since many experience problems with falling too far under the speed limit. Advanced curve, intersection, and merge warnings provided by a support system could assist or alert older drivers of scenarios that have been demonstrated to pose high crash risks. Additionally, older drivers have been shown to be less likely to wear their seatbelts, so the system would help to remind and encourage seatbelt use, similar to that with teens. Many older drivers are not comfortable driving after dark, so the curfew notification function
could be altered to give advanced sun-down warnings to ensure a safe return to home for older drivers before dark. Finally, the parent interaction and notification component of the TDSS could be adapted for older drivers as well. Adult children and caretakers could be notified if an older driver has experienced problems in certain areas of driving which could promote better communication about driving independence. This option may seem intrusive to some; however, many older drivers, like teens, could be motivated to share their driving performance with family members or caretakers to demonstrate their good driving skills.

Given that the ADED community has unique insight into the needs and desires of older drivers, a survey was administered to 47 attendees of the 2012 ADED conference in order to investigate the potential for adapting the TDSS system for use to aid older drivers. Thirty-nine respondents reported being either a DRS or CDRS, and 40 respondents reported working with older adults. Experience as a CDRS/DRS ranged from 0.5 to 32 years (M = 10.9 years).

The survey consisted of a description of the TDSS and its adaptation for older drivers similar to that presented above followed by four response sections including demographic information, a section investigating overall impressions of the potential for adapting the TDSS for older drivers using Likert scale responses, a section allowing free responses to describe older patients who would and would not be appropriate for an adapted TDSS and their general impressions of the adapted TDSS, and finally a series of 20 Likert scale responses investigating whether certain driving situations are difficult for older drivers or whether potential adapted TDSS features would be useful.

The section regarding overall impressions of the adapted TDSS included the following questions with a 5-point Likert scale with anchors “Strongly Disagree” and “Strongly Agree”:

- “I feel that adapting the TDSS for use by older drivers has the potential to effectively address issues encountered by older drivers.”
- “I feel that adapting the TDSS could enhance the safety of older drivers.”
- “It would be beneficial to receive feedback from an adapted TDSS regarding whether my patients are in compliance with recommendations such as avoiding driving at night, during heavy traffic, or in unfamiliar areas.”

The responses to all three questions ranged from 2-5 on the Likert scale with a mean of 4.0, 4.0, and 4.1 for questions 1, 2, and 3, respectively. This suggests that respondents felt that adapting the TDSS for older drivers may be useful in addressing the needs of older drivers and enhancing safety as well as offering useful feedback with regard to compliance with recommendations.

Although impressions were generally positive, it is important to note that when given the opportunity to address what types of patients would be appropriate for the adapted TDSS and whether older drivers would likely accept the system, there were some consistent themes. Respondents suggested that patients with a diagnosis of MCI (~25% of responses) or CVA (~11%) would be the ideal use-case for the adapted TDSS system. Another somewhat consistent theme when discussing an ideal patient for the system was that it would require a patient who has recognition of their own deficits (~9%). Respondents specifically mentioned that dementia patients (~32%) and those that do not recognize deficits (~9%) would be appropriate for the adapted TDSS system.
inappropriate. The most consistent theme reported when asked for general comments about the system was that older adult drivers may not accept the system, its results, or the privacy issues that are associated with it (~9%).

Based on the results of the final section of the survey, respondents were generally in agreement that the areas targeted to be addressed by the TDSS are issues that older drivers face; however, some areas appear to be particularly strong needs. For example, respondents suggested that merging, short acceleration lanes with heavy traffic, left turns against oncoming traffic, and navigating roundabouts present significant difficulty for older drivers. Respondents reported less agreement that reminders about approaching dusk would be an aid for older drivers, that T-intersections present difficulties for older drivers, or that maintaining speed on local roadways is problematic for drivers. Descriptive statistics for all 20 responses are shown in Table 1.

Table 1: Responses to items regarding driving situations that older drivers may struggle with or features that may be relevant for the adapted TDSS.

<table>
<thead>
<tr>
<th>Question</th>
<th>Mean</th>
<th>SD</th>
</tr>
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<tbody>
<tr>
<td>1. Reminders about mirror usage would be beneficial for older drivers.</td>
<td>4.2</td>
<td>0.8</td>
</tr>
<tr>
<td>2. Reminders about turn signal usage would be beneficial for older drivers.</td>
<td>4.3</td>
<td>0.8</td>
</tr>
<tr>
<td>3. Reminders regarding dusk approaching would be beneficial for older drivers.</td>
<td>3.9</td>
<td>0.9</td>
</tr>
<tr>
<td>4. Notifications when leaving the vicinity of home and traveling into unfamiliar areas would be beneficial for older drivers.</td>
<td>4.0</td>
<td>1.1</td>
</tr>
<tr>
<td>5. Using navigation systems improve older driver safety.</td>
<td>3.0</td>
<td>1.0</td>
</tr>
<tr>
<td>6. Merging with traffic is stressful or difficult for older drivers.</td>
<td>4.5</td>
<td>0.5</td>
</tr>
<tr>
<td>7. Short acceleration lanes and heavy traffic are difficult to manage for older drivers when merging.</td>
<td>4.5</td>
<td>0.7</td>
</tr>
<tr>
<td>8. Changing lanes is difficult for older drivers.</td>
<td>4.2</td>
<td>0.7</td>
</tr>
<tr>
<td>9. Checking blind spots is difficult or cannot be completed effectively when older drivers change lanes.</td>
<td>4.2</td>
<td>0.9</td>
</tr>
<tr>
<td>10. Making a left turn in the presence of oncoming traffic is difficult for older drivers.</td>
<td>4.5</td>
<td>0.7</td>
</tr>
<tr>
<td>11. Navigating 4-way cross intersections is difficult for older drivers.</td>
<td>4.1</td>
<td>0.8</td>
</tr>
<tr>
<td>12. Navigating T-intersections is difficult for older drivers.</td>
<td>3.6</td>
<td>0.8</td>
</tr>
<tr>
<td>13. Navigating roundabouts is difficult for older drivers.</td>
<td>4.4</td>
<td>0.8</td>
</tr>
<tr>
<td>14. Seeing pedestrians and other hazards in crowded parking lots is difficult for older drivers.</td>
<td>4.2</td>
<td>0.7</td>
</tr>
<tr>
<td>15. Checking behind the vehicle when backing out of a parking space is difficult for older drivers.</td>
<td>4.2</td>
<td>0.7</td>
</tr>
<tr>
<td>16. Forgetting to check behind the vehicle when exiting a parking space is problematic for older drivers.</td>
<td>4.0</td>
<td>0.9</td>
</tr>
<tr>
<td>17. Maintaining speed with the flow of traffic on interstates and major highways is problematic for older drivers.</td>
<td>4.2</td>
<td>0.7</td>
</tr>
<tr>
<td>18. Maintaining speeds on local roadways (e.g. residential or shopping areas) is problematic for older drivers.</td>
<td>3.6</td>
<td>0.7</td>
</tr>
<tr>
<td>19. Having friends in the car when driving serves as an aid for older drivers.</td>
<td>3.2</td>
<td>1.0</td>
</tr>
<tr>
<td>20. Having family members in the car when driving serves as an aid for older drivers.</td>
<td>3.5</td>
<td>1.1</td>
</tr>
</tbody>
</table>

Overall, the results of this survey suggest that adapting the TDSS for older drivers may provide benefits for and address needs of older drivers. It is important to note that the survey was administered to respondents who had not used either the TDSS or an adapted version for older adults and does not represent the views of older drivers themselves. Therefore, one must proceed with caution when interpreting these results to indicate a need or desire for such a system; however, these results provide a reasonable indication that such a system warrants further investigation.
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code: ADEDNEWS0413
Neurocognition in Older Adults

David E. Vance, PhD, MGS
School of Nursing
University of Alabama at Birmingham

Thanks to the incredible effectiveness of highly active antiretroviral therapy (often referred to as HAART), adults infected with HIV have better health, improved immunological functioning, and greater quality of life. Furthermore, the prognosis of HIV has changed dramatically, from an impending death sentence to a manageable, chronic condition tantamount to other health conditions such as diabetes. In fact, by 2015 nearly half of those with HIV in the United States will be 50 years and older. This demographic trend is welcome news to the 1.1 million adults with HIV living in this country.

Yet, despite such optimism, concerns mount that as adults age with HIV, they may experience accelerated aging due to the inflammation, microbial translocation (i.e., leaky gut syndrome), stress-associated responses (e.g., depression and anxiety), and mitochondrial damage caused by HIV, as well as toxicity caused by the medications used to treat HIV. One particular concern focuses on the area of neurocognitive functioning. Many neurocognitive studies confirm that adults with HIV in general, regardless of age, are vulnerable to developing neurocognitive deficits. In a study involving neurocognitive evaluations of 1,555 adults with HIV from six clinics across the United States, Heaton and colleagues found that 52% of this sample exhibited measurable signs of neurocognitive deficits. In fact, 33% experienced asymptomatic (mild) cognitive impairments, 12% experienced symptomatic (moderate) cognitive impairments, 5% experienced confounded neurocognitive impairment, and 2% experienced dementia (severe) impairment.

I examined the neurocognitive functioning in 47 younger (<50) adults with HIV, 41 older (50+) adults without HIV, and 43 younger (<50) adults without HIV. We found that as a group, older adults with HIV performed worse than the other three groups on all nine tests of neurocognitive functioning. This and other studies confirm that, in general, older adults with HIV are more vulnerable to developing such neurocognitive deficits.

Unfortunately, some of the neurocognitive deficits that are observed in older adults with HIV are in visual attention and visual speed of processing. Marcotte and colleagues found in their studies that compared to adults without HIV, adults with HIV exhibited impairments in these neurocognitive domains as measured by the Useful Field of View (UFOV®) test. This test is particularly interesting because numerous studies focused on normal older adult drivers show that deficits in UFOV® are related to poor driving outcomes such as at-fault vehicle crashes. In fact, studies have also shown that middle-aged and older adults with HIV who performed poorly on UFOV® also performed poorly in driving simulators, on-road driving evaluations, and have more accidents. Thus, there is concern that as adults age with HIV, their ability to drive may be compromised, placing them and others at risk.

Fortunately, the neurocognitive abilities measured by UFOV® can be improved through a technique called speed of processing training. Speed of processing training is administered via a computer-based program...
with HIV: Implications for Driving

with touch-screen technology; in essence, it appears similar to a video game. Basically, participants are presented a central task (i.e., identifying the presentation of an object) and a peripheral task (i.e., identifying the location of an object on the edge of computer screen), simultaneously (see left panel of Figure 1). Then after this presentation, participants are to identify what they just saw in the middle box and to identify in what area they noticed the outside object (see right panel of Figure 1). The presentation of this divided attention exercise varies between a few milliseconds to 500 milliseconds. As participants play with the computer program, if they perform poorly, the program automatically slows the presentation speed; however, if they perform well, the program automatically increases the presentation speed. Adjusting the presentation of these stimuli in this back and forth process pushes participants to exercise visual attention and visual speed of processing at their maximum threshold ability. This computerized exercise thus helps increase this neurocognitive ability. Engaging in this neurocognitive training protocol has been shown to improve UFOV® performance, and this improvement has been shown to reduce at-fault crashes in normal community-dwelling older adults.

Since speed of processing training works very well with older adults without HIV in improving visual attention, visual speed of processing, and driving safety, this approach seems reasonable for adults with HIV experiencing similar neurocognitive deficits. In a recent study, my colleagues and I utilized this same training protocol in middle-aged (40+) and older adults with HIV. Forty-six participants were randomized to either the speed of processing training group or to a no-contact control group. Those in the active treatment group played with this computerized game for approximately ten hours. Assessing these 46 participants before and after 5-6 weeks of training, it was discovered that those who received this training experience significant improvements on UFOV® as well as a measure of instrumental activities of daily living. Sadly, no driving simulator or on-road driving evaluation data were gathered in this study, but given what is known about how improvements in UFOV® translates into better driving outcomes in older adults with HIV, this study suggests that speed of processing training may be considered as a way to improve driving ability in adults with HIV experiencing visual processing deficits.

As adults continue to age with HIV, many will also develop age-related co-morbidities such as hypertension, hypercholesterolemia, and diabetes that may further threaten their neurocognitive functioning. Such neurocognitive deficits will obviously impact their everyday functioning including driving. Therefore, it is important for healthcare professionals to be mindful of these neurocognitive deficits in their patients and be prepared to provide suggestions for how to deal with these challenges such as exploring driving alternatives or using speed of processing training. (For more information on speed of processing training and other cognitive training programs referred to in this brief report, please see POSIT Science (http://www.positscience.com)).

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Author Note: Dr. David Vance is an associate professor in the School of Nursing at the University of Alabama at Birmingham where he researches issues pertaining to: 1) cognitive aging, 2) cognitive remediation therapy, and 3) aging with HIV. He has not received any financial incentives from POSIT Science. For more information about this topic, please feel free to contact him at devance@uab.edu.
Three pre-conference offerings were presented in Daytona this year, and the Southeast was well represented. The ADED two-day course, “Introduction to Driver Rehabilitation,” was presented by Leah Belle OTR/L, CDRS and Nathalie Drouin OTR/L, CDRS of Roger C. Peace Rehabilitation Hospital in Greenville, SC. They had an international audience including several therapists from Korea.

Beth Gibson, OTR/L, CDRS of Freedom & Mobility in Marietta, GA presented a three-hour seminar with Rodney Wilson and Chris Collins of R&R Mobility in Conyers, GA, titled, “Equipment Fitting: The Final Step”. This presentation included a review of the roles of the driving specialist, vendor and client in the fitting process. Common problems such as tall or large clients were discussed. The importance of the driving specialist participating in the fitting at the vendor’s shop was discussed. Examples of good and bad fitting experiences were provided, and the audience contributed their own stories. Rodney covered the mechanics and the geometry behind why hand controls should be configured a certain way for optimum operation. The second half of the session consisted of demonstrations by the three presenters of the adjustments available on the various hand control styles (push right angle, push/pull, push/rock, rotary and right side floor-mounted controls). Adjustments to a left foot accelerator, steering devices and some secondary controls were also covered. Veigel North America/MPD, MPS and Howell Ventures (Sure-grip) generously provided sample hand controls in all of the available styles so that the differences between the brands, relative to adjustments, could be demonstrated.

Ph.D engineering student, Evan Lowe, MS from Clemson University International Center for Automotive Research (CUICAR) presented the Professional Member series. It was titled, “Development of Adaptive Equipment Training on a Driving Simulator”. The research is still in progress, but it is looking at the use of a simulator to train drivers with various styles of hand controls. The research was done using Clemson students and was done in partnership with the driving specialists at Roger C. Peace Rehabilitation Hospital.

Cyndee Crompton of Driver Rehabilitation Services in Mcleansville, NC presented the other three-hour seminar. Please see her article on the next page.
The Client, the Vehicle and the Mobility Device: Understanding the Complexity of Assuring a Good Match

Cyndee Crompton, MS, OTR/L, SCDCM, CDRS

It seems like the longer I am involved in Driver Evaluation and Rehabilitation, the more I hear myself asking, “where are the easy clients?” Not that our job should be “easy”; after all, we are looked at to be the experts. Often, the complexity is not necessarily in the person’s ability to operate the vehicle, but rather in the bigger picture of community mobility. For example, our older clients often have a wheelchair or scooter that they wish to transport, and this needs to be addressed as part of the evaluation. Clients are getting heavier, yet many vehicles continue to have less weight in an effort to be more fuel efficient but, consequently, have less capacity for carrying heavy cargo – such as a power wheelchair. Truck beds may be made of composite materials, making the installation of a wheelchair lift more difficult or impossible. There are many factors to consider for assuring a “good match” between the client, the vehicle and the mobility device. A three hour NMEDA workshop was the platform for discussion regarding the challenges encountered with assuring safe and independent community mobility for the clients we serve. The following is a sample of the workshop content:

We discussed the challenge of manual breakdown and stowage of a rigid frame wheelchair into a sedan and the fact that the wheelchair is usually prescribed prior to us ever being involved with the client’s case. Continued interface with our rehabilitation colleagues who prescribe wheelchairs and the challenges that can arise for transporta-
tion of that mobility device is needed. Driver rehabilitation specialists have the unique ability to educate others regarding the nuances of things to consider regarding stowing and transporting a mobility device in a vehicle.

We addressed the challenge of tall clients “fit” into the driver compartment. This was illustrated by a case study in which three different power wheelchairs were trialed with the client and measurements for head height were taken prior to ordering a new power wheelchair. This extra effort resulted in an outcome that gained 1½” of head clearance in one power chair over the other two. For this tall client, this was a critical amount of gained clearance for appropriate “fit” in the driver compartment.

We also were challenged with understanding the gross vehicle weight rating, or the maximum amount of weight a vehicle is designed to handle safely. This includes the vehicle curb weight (vehicle with nothing in it except full tank of gas) + the maximum cargo weight (how much stuff you can safely stow in the vehicle). This information is critical to assure that we don’t write a prescription for equipment that exceeds the weight that the vehicle can safely handle. This may mean that our prescription requires that a seat be removed from the vehicle to eliminate the weight of the seat and the designated weight for the average passenger in that seat.

The tongue weight, or how much weight the hitch of the vehicle can support was discussed as it relates to hitch lifts or towing options – such as rear platform lifts or the Bruno Chariot.

This workshop was particularly beneficial, as many of the participants had insightful contributions regarding their experiences, challenges, and creative solutions. The dialogue offered newer driver rehabilitation professionals the ability to witness the problem solving and similar experiences encountered from participants across the nation. It is essential to understand that failure to address stowage of the mobility device means that our job was only partially accomplished. Additionally, prescribing a wheelchair stowage device without understanding the vehicle’s capacity to structurally handle that device is also failure to provide a useful vehicle prescription. This area of our practice is very dynamic as products and vehicles are constantly changing.
Hear what you’ve been missing.

Wheelchair access used to come at a price: more road noise, a louder cabin ... and a lot of shouting instead of talking. With our new Quiet Drive™ technology, you’ll be able to enjoy your BraunAbility minivan in peace and quiet at last. Have a conversation with a passenger in the back seat, a quiet chat up front, or just sit back and enjoy a ride that is up to 25% quieter than previous models. So go ahead – strike up the band and celebrate. Mobility has never sounded better!

Now standard on all Chrysler, Dodge, Honda & Toyota accessible minivans.

or call 1-800-THE-LIFT
As usual NMEDA put on a great conference and the weather was beautiful. Jim Abbot presented the keynote address. Many of us remember this amazing one handed pitcher from his Yankee days. New features included a text feedback system. During some of the presentations, poll questions were posed to the audience, and the audience was able to text a response. It was fun to see the results pop up on the screen and get tabulated in real time. The information will be used to make future conferences even better. Another new feature was a full day of product demonstrations by B&D, Crescent, DriveMaster/IDS, Harmar, Kempf, Veigel/MPD, Q’Straint/Sure-lok, BraunAbility, Bruno and VMI. These sessions allowed the manufacturers to highlight a particular product and provided a forum for questions. As always the exhibit hall was a place for renewing relationships, seeing new products and asking questions.

As always the attendees played as hard as they worked. The awards banquet included fun entertainment and the 2013 class of Hall of Fame inductees-- Scott Deacon, Jean-Marc Girardin, Ken & John Labron, Red Plank, Charlie Scott and Marcus Smith. All of these men were extremely moved and proud to be recognized by their peers.

The closing session of the conference was a presentation by Travis Tollett. In 2007 Travis suffered a life changing injury during a hill climb in Colorado. Since his injury, Travis has been working and learning to adapt to his modified Polaris RZR XP with the goal of returning to racing. He shared photos and video of the process he went through to learn how to compete again in this grueling sport. It was exciting to see video of him racing in the 2012 Pikes Peak International Hill Climb as the first quadriplegic to ever compete in that race. To share the experience, check him out at http://mylifespeed.com/archives/category/mlas-contributors/travis-tollett
Help us Celebrate National Mobility Awareness Month

This May marks the second annual National Mobility Awareness Month, when we join forces with our spokespeople, Mike Savicki, Ashley Lauren Fisher, Josh Dueck, David Lowell and Nick Springer to find Local Heroes in your community that embody the spirit of Life Moving Forward. This celebration serves to communicate with the public that people with disabilities can enjoy active, mobile lifestyles by raising awareness of our network of industry members that make this all possible.

Did you know?

Over 18 million people in the U.S. and Canada have mobility issues.

People with disabilities constitute the largest minority group in the United States. One in five elderly have mobility issues.

We’re encouraging Local Heroes to share their stories for a chance to win one of three customized wheelchair accessible vehicles. Whether living with a disability or caring for someone who is, a Local Hero can be defined as someone that is volunteering, educating, advocating, achieving or persevering through the mobility challenges millions of families face each day. With the help of our sponsors, Toyota, Chrysler, SanTan Honda, VMI and BraunAbility, we’ll be customizing the wheelchair accessible vehicles to meet the needs of the winning families and show the public that mobility solutions are available.

We need your help to spread the word. Tell your family, friends and clients about National Mobility Awareness Month and ask them to get involved, whether it may be voting for their favorite stories, visiting the website to learn more about the mobility solutions available or encouraging someone you know to enter their story.

Local Heroes can enter to win by now submitting a 2-minute video or 400-word story and a picture to MobilityAwarenessMonth.com or via NMEDA’s Facebook page - https://www.facebook.com/NMEDA.com. We’re encouraging people to share their story on social media networks with friends, family and co-workers and ask people to vote for their story beginning March 11. The celebration wraps up in the month of May.

Want to get involved?

When we work together, we can get Life Moving Forward in communities all across North America. You can partner with a NMEDA dealer to co-host an open house, product demonstration or media day. For example, last year Transportation Solutions, a member of ADED hosted an educational seminar on Mobility Challenges and Solutions at their local Shriner’s Hospital. This three hour event featured CarFit (an educational program sponsored by AAA, AARP and AOTA), NMEDA dealers and Local Heroes in their community. The event offered a chance to learn about National Mobility Awareness Month and showcased how local organizations work together to provide mobility solutions for people with disabilities.

Learn more about National Mobility Awareness Month or enter a Local Hero on MobilityAwarenessMonth.com.
What is our purpose?
To educate and build awareness amongst the public on the following:

• Over 18 million people in the U.S. and Canada have mobility issues.
• People with disabilities constitute the largest minority group in the United States, and the only group anyone can become a member of anytime.
• One in five seniors have mobility issues.
• Mobility equipment manufacturers, dealers, driver rehabilitation specialists and other professionals across the U.S. and Canada are dedicated to improving the lives of people with disabilities.

What is National Mobility Awareness Month?
National Mobility Awareness Month is the annual May celebration that encourages people with disabilities to enjoy active, mobile lifestyles. Led by program champion, the National Mobility Equipment Dealers Association (NMEDA), an online contest has been established to award customized wheelchair accessible vehicles to three Local Heroes who are triumphing over their disabilities through their academic and career ambitions, as well as their family and local community contributions. NMEDA members have united to provide and modify the vehicles for each winner’s needs.

When does it happen?
The program starts on February 25, 2013, and concludes with the announcement of the winners in May 2013.

Who participates?
Everyone is welcome to participate by submitting their Local Hero stories, including medical and business professionals, caregivers, family, friends, and those with disabilities. In its inaugural year, more than 1,700 entries were received and 1.2 million votes were cast at MobilityAwarenessMonth.com.

Who leads the effort?
Founded in 1989 as a non-profit trade association, the National Mobility Equipment Dealers Association (NMEDA) supports the awareness month with more than 600 mobility equipment dealers, manufacturers, and driver rehabilitation specialists in the United States and Canada dedicated to expanding opportunities for people with disabilities.

How can you help?
Please help us share our story through the following steps:

• Post a banner on your company website.
• Share our social media content or create your own.
• Display awareness month flyers in a business.
• Include the information in a company newsletter and calendar of events.

MobilityAwarenessMonth.com • 866.948.8341
Bruno Redesigns Out-Sider®
Vehicle Lift

Now Lighter and Stronger with Smoother Operation

With its simplified name, “Out-Sider” (“Meridian” having been retired), Bruno Independent Living Aids introduced the redesigned version of America’s most popular outside lift at the 2013 National Mobility Equipment Dealers Association (NMEDA) conference in Daytona Beach, FL, February 6-8. The Out-Sider is now lighter, stronger, smoother, more adjustable and easier to use.

Not only has its name been streamlined, but the new Out-Sider has reduced its model selection of four down to a more manageable three, and the platform versions down to two. The increased width of both platforms, 28½”/72 cm, is the largest standard size in the industry. Bruno offers the Model ASL-250A (with Hold-Tite Foot for scooters); the Model ASL-250HTP (with Hold-Tite Arm for powerchairs); and the Model ASL-250B (with 3 retractable/self-tensioning belts for either scooters or powerchairs). All units feature a reduced ramp angle for a smoother, more gradual drive on/off.

Many other features on the new Out-Sider have been improved, including the Operating Handle which provides an ergo-friendly hand position with intuitive up/down switch orientation, while maintaining Bruno’s industry exclusive safety latch for unintended lowering. The new 2-position Telescoping License Plate Holder (including light) delivers quick position adjustment. With its improved design, the Out-Sider allows the lift to “nestle” or tilt toward the vehicle rather than away, giving the user greater sense of security.

The Swing-Away has always been one of the most popular options on the Out-Sider, since it allows the lift to be used on vehicles with a hatchback or tailgate. Now, the Swing-Away has been strengthened, while reducing the weight by 18 lbs. At only 30 lbs. and combined with the new ergonomic handle, the Swing-Away provides easier latching/unlatching and overall ease of operation.

For additional information on the redesigned Out-Sider, contact:
Andrew Bayer or Mike Krawczyk
Product Manager, Automotive Division
Marketing Services Manager
262-953-5396
262-953-5424
andrew.bayer@bruno.com
mike.krawczyk@bruno.com

Investigation of wheelchair instability during transport in large accessible transit vehicles

For those interested in securement issues, you may want to check out the following issue of Journal of Rehabilitation Research and Development (JRRD) Volume 49, Issue number 6. It is available at http://www.rehab.research.va.gov/jour/2012/496/contents496.html. It is possibly the most diverse issue of JRRD; topics range from prostheses to osteoarthritis to insomnia treatments.

The article is titled “Investigation of wheelchair instability during transport in large accessible transit vehicles”. The authors suggest that wheelchair passengers may not be properly protected while traveling on fixed-route intra-city buses, in part because of the disuse and misuse of securement systems. This article examines possible instabilities wheelchair passengers encounter while on intra-city buses.
Experience the power of combining the advanced QLK-150 docking station with DiOR – the Drive-in Occupant Restraint system.

Adding the DiOR to a QLK system delivers a new level of safety, security, independence and convenience. DiOR’s pivoting arms move forward as you enter with your power chair, providing you with the right lap belt angles every time.

DiOR is the first and only crash tested occupant belt for docking systems.

Be an ADED Course Speaker!

ADED is offering a train the trainer course for our Application of Vehicle Modifications Course. Vehicle Modifications are an important piece of serving a wide variety of clients as CDRS’s. ADED has worked to provide education opportunities centered on enhancing the knowledge base of our current CDRS’ as well as ongoing education for those related to the driver rehabilitation field. In an effort to provide a wider range of instructors and availability of the Application of Vehicle Modifications Course, ADED is offering a Train the Trainer course on August 17, 2013 in conjunction with the ADED conference in Columbus, Ohio.

This course will center upon how to effectively teach the Application of Vehicle Modifications Course as it was recently updated. Attendees will be expected to be available to teach this course at upcoming locations or conferences. The education committee will review applications for those interested in attending this Trainer the Trainer Course with a maximum of 8 applicants to be chosen.

Applications will be available on the ADED website. If there are any questions regarding this course please contact Jenny Nordine, education committee chair Jenny@DrivingToIndependence.com or 480-449-3331

We’ve Moved!  ADED new office and mailing address is: 200 First Ave NW Suite 505, Hickory NC 28601. Telephone and fax have not changed.
All of ADED’s eight chapters have been quite busy in planning and conducting chapter meetings and educational seminars for their members. These sessions provide an opportunity to foster professional networking and a means to pursue continuing education. Chapter meetings and educational workshops not only provide additional educational experiences but also allow our members to address issues and concerns at the local, state and provincial levels. ADED chapter members continue to benefit from their local meetings and workshops.

Last year a request was made to consider changing chapter officer election to mid-year, instead of occurring at the end of the calendar year. In February 2013, the board of directors voted to change the election cycle to a mid-year cycle. Chapter officers will be contacted to discuss how it will affect their chapter election cycle.

Read on for current chapter activity. See box for contact information for chapter officers.

**MIDWEST CHAPTER**

Midwest chapter of ADED recently concluded a very successful and well-attended conference in Indianapolis, IN on March 8th & 9th. There were 42 attendees and up to eight ADED contact hours were available. Educational topics included: senior driver competency, autism, and mechanical and functional inspections of modified vehicles.

**NORTHEAST CHAPTER**

Northeast chapter plans to represent ADED at the American Driver and Traffic Safety Educational Association’s (ADTSEA) annual conference in July, 2013. ADTSEA is planning to hold its national conference in Portland, Maine, which will include presentations by ADED member Russ Newton on “Manufacturer and Dealer Compliance” and Linda Curry on “Dementia and Driving Research—Based on Neurological Testing.” ADTSEA is an approved ADED educational program for contact hours. Attendees will need to provide proof of attendance for contact hour credit. The chapter may also conduct a meeting in conjunction with the conference. Definitive plans for the chapter meeting will be forwarded to chapter members. Please contact chapter President Don Sampson or Secretary Jennifer Biro for more information.

**ONTARIO CHAPTER**

Ontario chapter will be meeting on Saturday, May 4 in beautiful Niagara on the Lake from 9:00 – 4:00. We are planning for a day of education and discussion including assessment and training of the cognitively compromised new driver, the RFP that we have all just had to complete, Parkinson’s disease, and modifications to secondary controls that are required in the stationary position (seatbelt, ignition, etc). We hope you can join us. We are just finalizing the agenda and location, so watch your email for more information. Contact chapter Vice President Wendy Nieuwland at wendy@skillbuilders-rehab.com if you require additional information.
GEORGIA/SOUTH CAROLINA

Georgia/South Carolina chapter met on March 1, 2013. Accessible Mobility presented on the services and products they offer in their two new locations in South Carolina, and a presentation on the NMEDA Conference was given for those who were unable to attend. The next chapter meeting will be held on Friday, May 31st at Atlanta Motor Speedway with an interactive demonstration with adapted race cars. Presenter and host will be Zeke Massie who founded ZeKenetic which is a non-profit organization dedicated to bringing the wheelchair community safely into the motorsport arena. For more information, contact chapter President Nathalie Drouin or Secretary Stephanie Scharf.

KY/TN/WV CHAPTER

KY/TN/WV chapter is planning a chapter meeting on June 6th in Lexington, KY. Presentations include product demonstrations by Adapt Solutions, the QStraint Drive-In Occupant Restraint system (DIOR) as well as client vehicle modification demonstrations. For more information, contact chapter President Michele Coffey.

CALIFORNIA CHAPTER

California chapter has some exciting news to report. A group from Liberty International is interested in sending to California a professor of Neuro Science with a group of his students from Keio University in Japan, to learn about the process California uses with drivers with disabilities, occupational therapy testing, equipment used and the legal process. The group originally contacted Liz Green at the ADED office who forwarded the information to Kathy Eastman, chapter president and Derrick Scott, the chapter secretary. They are working to coordinate a visit this August.

COLORADO CHAPTER

Colorado chapter held its first chapter meeting and seminar on February 22nd. Contact hours were approved for the presentation on “Review of Assessment Tools across Practices”. The chapter has plans for additional chapter meeting on May 17th, July 19th and October 18th. For more information, please contact Denise Kaplan at lovetherockymountains@msn.com.

NORTHWEST CHAPTER

Northwest chapter held a chapter meeting March 15th with at least 15 ADED members in attendance, while at the Pacific NW Driver & Traffic Safety Conference in Portland, Oregon. ADED contact hours were approved for sessions on how NMEDA, Department of Licensing and Division of Vocational Rehabilitation Services interface with clients, and a session on strengthening documentation skills to benefit clients. Contact hours were also approved for chapter member Jeff Lango’s presentation on “Teaching Students with Physical and Developmental Disabilities”.

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MobilityWorks Honored for Community Service

In a recent ceremony held at Duquesne University, the Department of Occupational Therapy presented MobilityWorks of Pittsburgh General Manager Lance Alexander with an award for Community Service. This is the first time ever that the school has given such an award, and Lance Alexander was honored to receive it on behalf of the company.

Dr. Pat Crist, Founding Chair and professor, noted that the presentation was, “In recognition of your outstanding voluntary and noteworthy contribution to the Duquesne University Occupational Therapy academic program and its mission and vision.”

For several years, MobilityWorks has hosted graduate students at its Pittsburgh facility for a day of hands-on practice and education about mobility products, vehicle modifications, vehicle options and their applications for clients. Alexander noted that in addition to his appreciation for the award, he was especially thankful that his, “Partner in advocacy, Amy Lane, was on hand for the award ceremony. Amy first thought of the idea for MobilityWorks to collaborate with the school and has been the driving force behind its success.”

MobilityWorks has helped to prepare more than 500 occupational therapy graduate students from Duquesne, University of Pittsburgh and Chatham University over the years, providing a significant part of the educational programs’ accreditation standards related to driving and driver rehabilitation. Current plans are underway to bring more than 100 such students from all three schools together at one time, for a special day of education in October of this year.

Certification Committee News

The co-chairpersons wish to extend our gratitude to those members who submitted their applications for the 2013 certification committee. For the calendar year 2011, two members volunteered to remain on the committee, due to lack of applicants. We were pleased to see that in each of the past two years there have been eleven applicants for open positions, all of whom have been fully qualified. With a normal term and rotation of a member to the co-chair position, there is usually a need to fill 2 positions annually. A short application and biography are required. Notifications and reminders were sent to the membership in November via our executive director, Ms. Liz Green.

We welcome our newest members, Lisa Clubb and Tommy Crumpton, who join returning members Brenda Bennett and Dan Allison.

For additional information regarding application, selection and terms for the certification committee, please access the ADED website for the updated policy. A list of duties and approximate time commitment is also available upon contacting the co-chairs.

Again we appreciate your continued interest and support of this committee.

Kathy Rakowczyk, OTR, CDRS, LDI
Roger Kelsch, RKT, CDRS

AAA has launched a tool that the foundation developed called “Roadwise Rx”. This free online tool allows older drivers or anybody taking medications to get quick, personalized, confidential information about the potential side effects, drug interactions, and impact on driving ability of various medications. Rx is available at www.roadwiserrx.com.

Check your spam folder!

Important information comes to you via the e-mail address provided with membership renewal. If you have not received any e-mails from “ADED, Inc.” that may be because they have been sent to your trash or spam folder. Please add our address to your contact list to ensure that you receive these important e-mails. You may also sign up for e-mail bulletins by following: http://aded.us1.list-manage1.com/subscribe?u=91695e276d209da9da2c72cecf&id=f1a48bcb0d3
I Can’t Stop!

Although NHTSA, Canadian and Japanese highway safety industries have all conducted exhaustive studies on sudden unintended acceleration (SUA,) not a single study or agency could replicate an incident. Furthermore, these agencies have determined the following:

– Virtually every single make and model of vehicle has had an incident of SUA reported against it.

– Elderly drivers, those over 60 years old, are far more likely to be involved in incident claims.

– Drivers under 40 are less likely to report incidents of SUA.

– Incidents typically involve vehicles that are relatively unfamiliar to the driver.

– Shift interlock devices have dramatically decreased incidents of SUA.

– Cars with manual transmissions have never been reported with an incident of SUA.

Lawyers Win – Always

Toyota recently agreed to pay out $1.1 Billion - with a “B” to settle baseless and unscientific claims of unintended acceleration (U.A.). Even though we have seen almost 30 years of research and science by NHTSA, NASA and The National Academy of Sciences and many independent researchers came up with the same conclusion: Cars do not suddenly go into a full throttle state on their own, over-power the brakes and cause mayhem all by themselves. This research has shown three causes of U.A.: The accelerator gets trapped by a floor mat, the pedals or throttle get stuck due to a mechanical issue, or as is most common, the driver creates “pedal misapplication”.

Writer’s note: U.A. started in the mid-1970s when Audi was accused, and it almost ruined the company when they decided to fight against the baseless lawsuits. Many trial lawyers know that, and are lining up at the Toyota “buffet” to feast on the money in—tended to settle those “witch hunt” suits. The problem, as I see it, is legalized extortion by those who make the laws. I’ve heard the lawyers argue about why a “loser pays – no contingency” law environment is bad, and I’m not convinced. Until business owners get sick of this “crime”, we are sentenced to pay for it. Consumers need to understand what percentage of a vehicle’s purchase price goes to the legalized extortion; maybe then they will see the light and vote for a more sane system.

Who lit the cheese?

According to the BBC, a major road tunnel in Norway was closed for more than a week due to a truck hauling goat cheese. Apparently, the driver noticed smoke coming from his load while driving and stopped in the tunnel to check it out. Upon finding that his 247 ton load of cheese was actually on fire, he abandoned his rig and left it in the tunnel. It took firefighters almost a week to fight the toxic gases and cheesy blaze.

Air Bags for Bicycles

A Dutch company, TNO, is creating an airbag that will deploy on the outside of a car, in order to reduce impact injuries to bicyclists who get hit. In the Netherlands almost 25% of all the trips taken by people are by people on bicycles. This airbag inflates to cover parts of the windshield and front hood, thereby cushioning the biker. With average biker/auto crash speeds of around 25mph, tests so far have shown a significant reduction in severe injuries 45% of the time.

Steer by Voice?

Steer by wire has recently emerged, and Infiniti is taking it another step closer to “non-mechanical”. Expected to debut on the 2014 G Sedan, Infiniti’s system uses an electric actuator to measure the movement of the steering wheel, while an electronic control module relays instructions to another set of actuators that actually pivot the rack and steer the car. This computer-controlled system can instantly vary steering ratio or effort, depending on driving conditions.

Lights, Camera, Backup

It looks like the National Highway Traffic Safety Administration (NHTSA) will mandate back-up camera in all light vehicles for the 2014 model year. Industry experts estimate that this would cost auto makers an average of $163 per vehicle, or a total of $2.7 billion. NHTSA estimates that backing accidents involving light vehicles, kill 228 and injure 17,000 people each year.
“The Buzz”

Are You As Safe As You Think?

NHTSA estimates that more than 230,000 vehicles on the road today have “pseudo” airbags that are being made in China and look exactly like the OEM products, down to the logo. These black market airbags either don’t deploy at all, or explode and send fiery shrapnel towards the driver’s face. NHTSA has compiled a list of makes and models for which the false product is known to exist, and people can get that information on www.safercar.gov. Any shops or people who have purchased replacement airbags online over the past three years are at risk, according to NHTSA. Last year, a Chinese citizen living in Tennessee, pleaded guilty to trafficking counterfeit airbags and was sentenced to 37 months in prison.

NADA.com December 2012

What happen When You Drop A Leaf in The Snow?

As Nissan continues to have success selling the electric Leaf, Autoweek writers wanted to find out how it performed in winter conditions. They went to Japan’s northern-most island, Hokkaido, to find out. With temperatures hovering at about 12 degrees Fahrenheit, the Leaf took to the test track with surprisingly good results. The 110-hp electric motor that powers the front drive wheels provides immediate response which allows traction and stability control systems to react much quicker than conventional gas or diesel powered vehicles. The Leaf has computers that independently control the power and braking at each wheel which help keep it heading in the right direction. Because the batteries are mounted under the floor, it has a low center and feels extremely balanced.

Although cold conditions reduce the overall range of lithium-ion batteries, the handling of the Leaf in winter driving is nothing to fear. Autoweek November 2012

Smart Phones? Heck, They’re Genius Phones!

Dashboard navigation and entertainment systems are available on many high end cars, but generally add thousands of dollars to the price. Now that smartphones have become as powerful as in-dash computers, some accessory manufacturers are creating devices to allow phones to take their place.

Mavizon - enables car owners to diagnose engine problems and track their car remotely.

Clarion - the seven inch screen suction cups to the windshield, putting a dozen iPhone apps at eye level. Users can access engine performance or connect to the car’s stereo system and listen to three text-to-speech apps, which read back your Facebook, Twitter or RSS feeds.

Parrot – the speaker phone, clips to the visor and automatically powers up via Bluetooth when the driver gets in. The Parrot Neo downloads all contacts in smartphones to enable voice dialing. Also helps to locate your car in a parking lot.

New on the Federal Monroney Label for 2013 is an “Environmental Performance Label”. This will be broken into three separate sections:

Fuel Economy – City/highway fuel economy (mpg), combined mpg, estimated number of gallons to travel 100 miles, mpg rating for competing vehicles, mpg rating for “best” competing vehicle, estimated fuel cost savings compared to the average new vehicle over 5 years and 75,000 miles (15,000 per year).

Annual Fuel Cost – estimated annual fuel costs for the vehicle based on 15,000 miles/year.

Ratings – Separate 1-10 scales and ratings for both “Fuel economy & Greenhouse Gas Rating” and “Smog Rating”, which are based on objective performance criteria. The label also indicates the amount grams of carbon dioxide are emitted per mile traveled.

Automotive News December 2012

Shortcuts

In 2000, the Spanish Paralympics Team won the Gold medal in wheelchair basketball. Less than one year later, they were stripped of their medals because it was uncovered that 10 of the 12 players had faked their disabilities.

Sports Illustrated May 2012

Feds Issue “Blueprint” to Reduce Distracted Driving

Sending or receiving a text takes a driver’s eyes off the road for an average of 4.6 seconds, the equivalent of driving the length of an entire football field at 55 mph. Studies also show that texting simultaneously involves manual, visual, and mental distraction, and is among the worst of all driver distractions. Observational studies show that at any given day moment, over 100,000 drivers are texting. Texting while driving is a generational behavior and influences males and females equally.

Drivers who admit texting while driving:

<table>
<thead>
<tr>
<th>Ages</th>
<th>%</th>
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<tbody>
<tr>
<td>18-20</td>
<td>44%</td>
</tr>
<tr>
<td>21-24</td>
<td>94% Males</td>
</tr>
<tr>
<td>25-34</td>
<td>26% Females</td>
</tr>
<tr>
<td>35-44</td>
<td>19%</td>
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<tr>
<td>45-64</td>
<td>8%</td>
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<tr>
<td>65+</td>
<td>.4%</td>
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</table>

NHTSA, the federal organization tasked with reducing injuries and deaths on our roadways, is taking a multi-faceted approach to stop distracted driving. Key to their efforts are raising public awareness, additional research and development, and enacting and enforcing tougher laws. As of June 2012, 39 states have anti-texting laws while 10 states have banned all cell phone use by the driver.

Some other salient points made in the recently published NHTSA “Blueprint for Ending Distracted Driving” are as follows:

• In 2009, 16% of teen drivers involved in fatal crashes were reported to be distracted as a cause.
• 40% of all American teenagers say they have been in a vehicle when the driver used a cell phone in a way that was dangerous.
• NHTSA has grants totaling more than $39 million for states that enact and enforce tougher laws to reduce distracted driving.

Automotive – Fleet.com August 2012

New Beltbag

Mercedes-Benz is introducing its inflatable seat belts in the rear seats of some models in the upcoming year. “Beltbag” is designed to inflate to three times the seat belt’s original size, thus reducing strain on an occupant’s ribcage.

Automotive Fleet August 2012

Author’s note: When reading crash test documentation, one generally sees that at 20 g (approx 30 mph), the peak load on a shoulder belt at the point of impact is well over 2,000 pounds! I believe that these belts will be so successful that we will see dramatic market expansion of this product in the future.
They will be missed

It is with a heavy heart that I inform our ADED community of the passing of Mr. Glenn Digman, OTR/L, CDRS. Many of you know him from annual conference and have benefited from his words of wisdom on the ADED bulletin board. His obituary below was posted on WeirtonDailyTimes.com. Glenn will be missed. - Liz Green

DIGMAN, Glenn H., 60, of Washington DC, died December 26, 2012 at his home.

Born June 18, 1952, formally of Smithfield, OH, Glenn graduated in 1970 from Smithfield High School. He then attended Ohio University where he initially graduated with degrees in social work and child psychology. He then furthered his education graduating from University of Pittsburgh with a masters in psychology and social work and later from NYU with a masters in Occupational Therapy. Glenn worked at National Rehab Hospital, Washington DC as an occupational therapist and driver rehabilitation specialist. He was instrumental in developing and implementing educational programs for teaching the handicap to drive.

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

For those of you who attended the NMEDA conference, you may remember that prayers were requested for these two gentlemen. It is with sadness that we inform you of their passing

Peter Zarba | Ralph Braun
We are seeking individuals interested in being part of the ADED leadership:

- President–Elect
- Treasurer
- Board Member at Large
- Mobility Equipment Dealer

With exception of President-Elect, all positions are a 2 year term. President-Elect term runs 3 years through the President-Elect, President and Past President terms.

Service on the board of directors earns you contact hours toward CDRS renewal. Your service on the ADED board of directors is a worthy and worthwhile service to our community.

For more information:
E-mail: info@aded.net

Position descriptions and consent to run forms are available online: www.aded.net
**ADED Awards Program**

**Categories and Descriptions**

Nominations are due May 31st. Please visit www.aded.net for nomination form.

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**The Distinguished Service Award**

This **competitive award** is given to individuals or groups **outside the scope of ADED** who have demonstrated distinguished service and/or support to the overall area of mobility for persons with disabilities. This individual or group, **while not members of ADED**, will be selected for their discernible and unique contributions to this field. (Examples of such candidates could be representatives in the political/governmental arena; prominent medical or educational people; television, motion picture or other media personalities; etc.)

Only one award may be given, annually, in this category.

Included in the written, supportive documentation should be evidence of the following:

a. Leadership qualities of the candidate(s).

b. National (or international) exposure or contribution to serving the mobility needs of the disabled person.

c. Research and/or clinical involvement of the candidate(s) relating to mobility of the disabled.

d. Personal philosophy and devotion to the field of mobility for the disabled.

e. Other material, as appropriate.

**Note:** The Distinguished Service Award (DSA) is considered the most prestigious award presented by this Association, to a non-member.

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**Achievement Award**

A **competitive award** presented to an **individual member of ADED** who demonstrates outstanding contributions in the field of Driver Evaluation and/or Education. Material is not limited to the current year, but may be cumulative. This is presumed to be the most important award received by a member of this organization and the second most prestigious award presented by the Association.

Only one award may be given, annually, in this category.

Included in the written, supportive documentation should be evidence of the following:

a. Advancement of driver evaluation and education through leadership, publications, association involvement, and attitudes of clientele, administrators, co-workers, toward the candidate, etc.

b. Interpersonal relationships, professional bearing and prestige, personal sacrifice, public relations efforts, development of equipment or ideas, etc.

c. Acknowledgment of the candidate’s efforts by awards or recognition from other, non-ADED sources.

d. Other material, as appropriate.

**NOTE:** The Achievement Award is considered the most prestigious award presented to an ADED member, and the second most important award presented by the association.
The Award for Research and Applied Engineering

A competitive award presented to an individual or group, or organization that have demonstrated outstanding accomplishments in the areas of research and applied engineering or other automotive endeavors related to mobility of the disabled person. This award may be presented to either a member or non-member of ADED.

Included in the written, supportive documentation should be the following information:

a. A description of the research or engineering project(s), automotive or equipment design(s), etc., which distinguishes this individual or group from the ordinary.
b. The effect of these contributions to the disabled community.
c. Examples of the candidate's contributions, if any, to the existence or advancement of ADED.
d. Other material, as appropriate.

The Scholar Award

A non-competitive award presented to a member(s) of the Association who has made an outstanding scholarly achievement in the area of driver evaluation, education, research, and/or engineering.

Included in the written, supportive documentation should be the following information:

a. Description of the contributions made by the candidate(s) authorship of articles, books, book chapters, special papers, newsletters, etc.; or teaching skills in the university, secondary school, etc.
b. Effect of this scholarly contribution to the field of Driver Evaluation and Education.
c. Scope of the project(s) or work(s) to which the candidate has applied his/her scholarly efforts.
d. Other supporting comments, if appropriate.

Commercial Award

A competitive award presented to a Vendor or Corporate member or Organization who has demonstrated outstanding contributions in the field of driver rehabilitation /vehicle modifications.

Only one award may be given, annually, in this category.

Incorporated in the written, supportive documentation should include the following information:

a. Description of the contributions made by the candidate towards the Association's cause.
b. Effect that these contributions have had for the Association.
c. Other supporting comments, if appropriate.

Lifetime Honorary Membership Award

A non-competitive award presented to a member(s) of the Association who has met the following eligibility requirements:

Eligibility

a. ADED member for 15 or more years.
b. Served a total of 10 or more years as an ADED officer, ADED national board member, conference team member, ADED standing or ad hoc committee member (positions can be combined to total 10 or more years).
c. Age 55 and/or within 5 years of retirement.

Benefits

a. Recognition of honor (plaque or appropriate keepsake)
b. Free lifetime membership to ADED
c. Free annual ADED Conference registration
2013 ADED BOARD OF DIRECTORS

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COTA/L, SCADCM, CDRS, ROH
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Krugdak@aol.com

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PAST PRESIDENT
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brolland@kessler-rehab.com

Eric Mansfield
MOBILITY EQUIPMENT DEALER
330-633-1118
emansfield@mobilityworks.com

Elizabeth Green
OTR/L, CDRS
EXECUTIVE DIRECTOR
Toll free: 866-672-9466
direct line: 828-855-1623
cell phone: 828-302-2119
Elizabeth.green@driver-ed.org
CALL FOR PRESENTATIONS

NMEDA ANNUAL CONFERENCE-Reno, Nevada
Conference: February 5-7, 2014
Pre-conference ADED Workshops: February 4, 2014

ADED is seeking dynamic and knowledgeable speakers to present at NMEDA 2014!

Seminars offered: ADED offers two 3 hour seminars pre-conference and one 3 hour seminar during NMEDA conference as part of their Associate Member Series. Submissions for seminars must be for 3 hour program.

Seminar date options:
- Pre-conference (2/04/14)
- Associate Member Series (2/05/14)
- No Preference

Honorarium offered: $500.00 Honorariums are offered per seminar.

Handouts: All handouts are to be submitted in electronic format by deadline noted on speaker agreement.

Electronic submissions ONLY*: info@aded.net

Questions can be directed to elizabeth.green@driver-ed.org or by calling 866-672-9466

*All submissions are peer-reviewed by the education committee and rated by the following criteria: Abstract quality, Goals (measurable and objective), Topic related driver rehabilitation.

DEADLINE FOR SUBMISSIONS: July 1, 2013

See you in Columbus!
ADED conference August 18-20, 2013. To register: www.aded.net
**ADED MENTOR PROGRAM**

**Purpose:** To establish a network that will provide an opportunity for experienced members to meet newer members (1st or 2nd time ADED attendees) with a goal of welcoming, mentoring, and integrating them into the Association. It is expected that with mentoring, new members would have a positive first experience with ADED, therefore increasing the likelihood of greater participation and longevity. Additionally, the more experienced members would continue to develop their skills as they interact with those with less experience.

**Benefit:** The most immediate benefit would be establishing a sense of belonging. Longer term benefits would include building an informal network within the organization that would include members from the various professional backgrounds, increasing membership longevity, and offering a way for more experienced members to “give back” to ADED.

**Process:** The mentor will be a member from the field of driver rehabilitation. Certification as a CDRS is not a requirement. Every effort will be made to help the new member establish contact with a Mobility Equipment Dealer in their geographical area.

**Responsibilities:** The purpose of the Mentoring Program is not to require an intense, long term teaching/training period, but rather to be a resource person while the newer member becomes familiar with ADED as an organization.

**The mentors will be asked to:**

- Communicate with the new member prior to the Conference if possible and share their contact information for future reference.
- Make plans to meet them at breakfast on the first morning of the Conference to introduce themselves and other members, then attend the Opening General Session with them.
- Offer guidance in helping them select the workshops that might be beneficial to them and their program.
- Commit to going through the Exhibit Hall with them and helping them understand the various types of equipment applications.
- Be willing to field follow up calls during the following year. Refer them to other members as appropriate.

**ADED MENTOR PROGRAM REGISTRATION**

**Choose One:**

- **New Member:** I am a: __ 1st time ___ 2nd time ADED Conference attendee and would like to take advantage of the ADED Mentor Program.
- **Mentor:** I would like to be on a mentoring team and be assigned a New Attendee at conference.

Name: ____________________________ Phone: ____________________________

Company: ____________________________ Fax: ____________________________

Address: ____________________________

E-mail: ____________________________

I plan to attend the following: *(check all that apply)*

- __ 2-day ADED Education Course (Fri & Sat)
- __ Full-day Workshop (Sat)
- __ ADED Conference (Sun – Tues)

My background is in:

- ___ Driver Education
- ___ Rehabilitation
- ___ Mobility Equipment
- ___ Other (specify) __________________

---

New Attendee Orientation
Sunday August 18

Fax registration to:
828-855-1672
# 2013 ADED Membership Application

Membership period runs January 1 – December 31, 2013

Please provide contact information in the space provided:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone Number:</th>
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<tr>
<th>Company:</th>
<th>Fax Number:</th>
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<tr>
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<th>Website Address:</th>
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<th>E-Mail Address:</th>
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Please indicate your membership level below:

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Rate to be paid:</th>
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</thead>
<tbody>
<tr>
<td>Individual</td>
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<tr>
<td>RENEWING Member</td>
<td>Rate=$120.00</td>
</tr>
<tr>
<td>NEW Member</td>
<td>Rate=$145.00</td>
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<tr>
<td>Facility*</td>
<td></td>
</tr>
<tr>
<td>LEVEL 1* (1-3 Individuals)</td>
<td>Rate=$240.00</td>
</tr>
<tr>
<td>LEVEL 2* (4-6 Individuals)</td>
<td>Rate=$600.00</td>
</tr>
<tr>
<td>LEVEL 3* (7-10 Individuals)</td>
<td>Rate=$960.00</td>
</tr>
<tr>
<td>New membership</td>
<td></td>
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<tr>
<td>Renewing membership</td>
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*PLEASE COMPLETE MEMBERSHIP INFORMATION SHEET ATTACHED

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<tr>
<th>Membership Level</th>
<th>Rate to be paid:</th>
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<td>Facility*</td>
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<td>LEVEL 1* (1-3 Individuals)</td>
<td>Rate=$240.00</td>
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<tr>
<td>LEVEL 2* (4-6 Individuals)</td>
<td>Rate=$600.00</td>
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<tr>
<td>LEVEL 3* (7-10 Individuals)</td>
<td>Rate=$960.00</td>
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<td>New membership</td>
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<td>Renewing membership</td>
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*PLEASE COMPLETE ADDITIONAL LOCATION SHEET ATTACHED

<table>
<thead>
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<th>Membership Level</th>
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<tr>
<td>Mobility Equipment Dealer*</td>
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<td>Initial Location $275, PLUS Additional Location(s)*</td>
<td>Rate=$275.00</td>
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<td>Renewing membership</td>
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*PLEASE COMPLETE ADDITIONAL LOCATION SHEET ATTACHED

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<tr>
<td>New membership</td>
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<tr>
<td>Renewing membership</td>
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Rate=$525.00

*ATTN: Facility and Mobility Equipment Dealer Members: PLEASE COMPLETE ATTACHED

Please return this application with payment in US currency for proper processing.

REMIT TO: 200 First Ave NW Suite 505 Hickory, NC 28601

If you would like to pay by credit card, complete the following information and fax to 828-855-1672 or mail to address above.

<table>
<thead>
<tr>
<th>VISA</th>
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<th>Card Holder’s Name:</th>
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<th>Zip Code of Billing Address:</th>
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<th>Card Holder’s Signature:</th>
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2013 ADED Committees

New committee structure is in accordance with updated bylaws.

Executive Committee
Board Liaison: President

CHAIRS:
Roger Kelsch
Jenny Nordine
Kathy Rakowczyk

SUB-COMMITTEES:

Education
Chair: Jenny Nordine
jenny@drivingtoindependence.com

Certification
Co-Chair: Roger Kelsch
roger.kelsch@med.va.gov
Co-Chair: Kathy Rakowczyk
kathy.rakowczyk@couragecenter.org

Terms of office: 1/1/13-12/31/14

Quality Committee
Board Liaison: President Elect

CHAIRS:
Dana Benoit

SUB-COMMITTEES:

Board Development
Chair: Larry Bowen
larrybowen@telus.net

Professional Development
Chair: Dana Benoit
Dana_Benoit@ssss.gouv.qc.ca

Terms of office: 1/1/13-12/31/14

Finance Committee
Board Liaison: Treasurer

CHAIR:
Janet Stohler

SUB-COMMITTEE:

Scholarship
Chair: Karen Smith
karen@smithotanddriving.com

Terms of office: 1/1/13-12/31/14

Marketing Committee
Board Liaison: Past President

CHAIR:
Liz Green
elizabeth.green@driver-ed.org

SUB-COMMITTEE:

Publications
Chair: Beth Gibson
bgibson@freedomandmobility.com

Terms of office: 1/1/13-12/31/14

ARED is going paperless! Check your SPAM filter settings to ensure you get up to date information.
Columbus, OH August 17-20, 2013
**ADED Annual Conference and Exhibits.**
Professionals specializing in the field of Driver Rehabilitation meet annually for continuing education through workshops, seminars and hands on learning. Earn contact hours for CDRS renewal and advance your career in the field of Driver Rehabilitation. Also offering: pre-conference workshops.
Contact ADED 866-672-9466
To register online: www.aded.net

Columbus, OH August 16-17, 2013
**The Impact of Disabilities, Vision & Aging and their Relationship to Driving**
Course designed for driver education and allied health professionals who wish to apply their knowledge of the different types and levels of disabilities to the driving task.
Contact ADED 866-672-9466
To register online: www.aded.net

Columbus, OH August 16-17, 2013
**Traffic Safety and Driver Education for the Driver Rehabilitation Specialist**
Course designed for those with a limited knowledge of traffic safety education. Instructional topics include: highway system, aspects of driving task, rules of the road, defensive driving and behind the wheel activities.
Contact ADED 866-672-9466
To register online: www.aded.net

San Diego, CA April 24-28, 2013
**AOTA 93rd Annual Conference and Expo**
Annual conference and exhibits for occupational therapy practitioners offers educational, networking and expo experiences.
Visit AOTA’s Web site at www.aota.org

Edison, NJ May 3-5, 2013
**Abilities Expo**
For more than 30 years, Abilities Expo has also provided an excellent forum for companies with disability products and services to reach out and enhance the lives of this Community.
Visit Abilities Expo Website at: http://www.abilitiesexpo.com

Boston, MA September 20-22, 2013
**Abilities Expo**
For more than 30 years, Abilities Expo has also provided an excellent forum for companies with disability products and services to reach out and enhance the lives of this Community.
Visit Abilities Expo Website at: http://www.abilitiesexpo.com

New Orleans, LA November 6-9, 2013
**The Driving School Association of the Americas-Annual Conference**
DSAA members and industry supporters gather annually for continuing education and networking with the goal of improving driver safety and encouraging professional ethics in the industry.
Visit DSAA website at: www.thedsaa.org

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**Driving simulator tested as alternative to in-car driving tests**
A virtual reality driving simulator installed at the local Department of Motor Vehicles would allow the state to determine whether high-tech simulations could one day be an alternative to in-car driving tests.

Researchers at the University Of Virginia School Of Medicine are testing the effectiveness and fairness of virtual reality driving tests by installing driving simulators at both the Pantops DMV and at a Fairfax-area DMV. Possible benefits of testing include consistency, the ability to expose the driver to various weather conditions and obstacles, including hazardous conditions which would not be safe or practical to do in an on-road test.

The study hopes to enroll 1,000 volunteers within the next 12 months. People interested in participating can either volunteer when visiting the DMV, or they can set up an appointment by calling the Pantops simulation supervisor, Gabriel Camacho, at 703.728.0490.

For more information, contact
Josh Barney | 434.243.1988 | JD-B9A@hscmail.mcc.virginia.edu

**20 Best Cars for Seniors**
This article from Forbes, January 2013, can be a good resource for recommendations for new vehicles for senior drivers. It provides general suggestions for features to look for as well as suggests specific vehicles to consider and the reasons they might be a good choice.

Look where we have been mentioned

Gayle San Marco OTR/L CDRS was privileged to participate in the taping of a radio program called “Access Unlimited” on KPFK a southern California radio station. It is a program that spotlights disability & accessibility issues. The focus was of course, driver rehabilitation! The program was aired 2/13/13 at 7pm but can also be heard via podcast into April 2013.

DID YOU KNOW?
That proceeds from the silent auction held at annual conference support the ADED Memorial Scholarship Fund? Any donations to the silent auction is tax deductible. To donate, please contact us at:
info@aded.net

2013 Scholarship opportunities

Scholarships are available for course, conference or certification exam!

Adaptive Driving Alliance (ADA) Scholarship- ADA generously offers five (5) $1000 scholarships for NEW driver rehab specialist taking the CDRS examination August 2013. An additional application form from ADA will be required for consideration.

The Spirit of Crescent Industries Scholarship-Various manufacturers and mobility equipment dealer members have generously contributed to this fund which supports ADED members to cover expenses associated with conference attendance. Each award is for $1250.

ADED Memorial Scholarship-five (5) scholarships per course will be awarded to current ADED members in good standing to help cover expenses to attend.
Disability, Vision and Aging and their Relationship to Driving (August 16-17, 2013—Columbus, OH)
Traffic Safety and Driver Education for the Driver Rehabilitation Specialist (August 16-17, 2013—Columbus, OH)

All scholarship applications must be submitted on-line. Please visit www.aded.net for more information.
The Carospeed Menox Hand Control is specifically designed to give physically limited drivers the benefit of control and ease when driving a vehicle. Driving becomes an easy and enjoyable experience with Carospeed Menox.

Common reasons for choosing Autoadapt Menox Hand Controls
- Floor mounted push pull with more adjustability.
- "brake latch" enables use of right hand.
- Aesthetically designed to match vehicle style.
- Not an obstruction when moving in and out of vehicle.
- Transferable into future vehicle.
- Multi-function option for secondary controls

Scott System Driving Controls

Secondary Controls

The CP05 Palm Control steering knob is equipped with 3 rocker switches to provide six switches in total. Each switch is designed and programmed to operate specific secondary controls. The switches provide primary and residual operations. The primary operation is achieved by a smooth touch of the button. The residual operation is achieved by holding the button ON for about one second.

dSi provides the technology necessary for disabled drivers to experience independence.

The Scott Driving System has been developed over the last 40 years and is a complete system which permits the physically challenged to safely perform all driving tasks without assistance, including entering and leaving the vehicle. The system provides for safe extended mobility for the driver who must remain in his or her wheelchair while driving. The system has been successful in a variety of disabilities. Patients with post polio, multiple sclerosis, muscular dystrophy, spinal muscular atrophy and spinal cord injury up to C4/C5 are successfully driving on a daily basis.

- Reliability
- Low Maintenance
- Long Service Life
- OEM Steering Option
New!!

MINI-TOUCH
Steering Wheel Control Pad

GENERATION III
COMMAND 'N CONFIRM

Touch it!

Speak it!

Confirm it!

One Affordable System Integrates:

- Voice
- Touch
- Audio Command Confirmation

Control your:
- Turn Signals
- Dimmer
- Horn
- Wipers/Wash
- Cruise Control
- Much More!

Switch seamlessly between voice, touch and audio command confirmation at any time

Available for all existing Mini-Touch Gen I & Gen II Switch Configurations

(800) 849-2143
WWW.ACCESSUNLIMITED.COM