FROM THE PRESIDENT

Well, the 1990 ADED Conference was a great success with a good time had by all. We had excellent speakers, fun social activities, and good exhibits. There was a lot of mingling and sharing of information. New contacts were made, old friendships renewed and non-stop discussions made the Guiness Book of World Records!

We suffered only minor bumps, bruises, scrapes, and jammed fingers following our volleyball games. The magician puzzled us all, and the food at the beach party was outstanding. I saw several people return 2 and 3 times for refills, but I will not mention names.

Again, I want to thank Paul Cooper and the California Driving Group for their assistance in putting together a great conference. Their time and efforts paid off.

For those of you who missed this year’s conference, we hope to see you next year in New Orleans, August 25 - 28, 1991. Mark your calendars and datebooks now! Mike Shipp from Louisiana Tech will be our host. Any suggestions or comments for that conference should be sent to Mike ASAP.

The 1990 ADED Executive Board worked very hard this past year to clean the slate to allow for new ideas, new projects and future growth for ADED. I continue to encourage you to contact any of the Board Members or Officers regarding any and all comments, suggestions, and ideas to better your organization. Remember, any organization is only as good as their members collectively.

Thank you for allowing me to serve as your 1990 ADED President.

EDITOR’S CORNER

Well, this is my last newsletter. The job of Editor will be taken over by Susan Henderson from Memorial Hospital in South Bend, Indiana. I want to thank all of the members who have taken the time to send me articles (original and otherwise) for the newsletter and encourage you to do the same for Susan.

The years I have spent as the Editor have been hectic most of the time, frustrating at times,
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Editor: Carmella M. Strano, OTR/L, MossRehab Driving School
REVIEW BOARD: Peggy Reed, OTR, Mary Free Bed Hospital, Grand Rapids, MI. Ileana McCAigue, OTR/L, DeKalb Medical Center, Decatur, GA.

1990 DIRECTORY OF OFFICERS

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Cynthia Claus
5607 N. 46th Drive
Glendale, Arizona 85301
(602) 842-9596

PRESIDENT-ELECT
Charles W. Puckett
OSU Hospital
471 Dodd Drive
Columbus, Ohio 43210
(614) 293-3833

SECRETARY
Beverly Lediue
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10230 11th Street
Edmonton, Alberta T6A 3G6
(403) 471-7938

TREASURER
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La Tech - REC
P.O. Box 3185
Ruston, La. 71272-0001
(318) 257-4562

PAST-PRESIDENT
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3080 Harrodsburg Rd.
Suite 101
Lexington, Ky. 40503
(606) 224-1272

SECRETARIAT

Victoria Swanson
4818 West Mountain View
Glendale, Arizona 85302
(602) 435-9704

FORMAT: Manuscripts must be typed on plain white paper. Principal author’s name, address and daytime phone must be included on cover sheet. The Editor reserves the right to return to the author, articles that do not meet this criteria. Newsletter is published and distributed four times a year to current members.
even fun at times but always challenging.

I would also like to officially recognize the efforts of Ileana McCaigue and Peggy Reed who have lent me support by serving on the Editorial Review Board. Peggy has also been solely responsible for obtaining a Corporate sponsor for each and every issue of the newsletter which has helped us defray costs. A special Thank You to the Corporate members who have been so generous.

Hope to see you all in New Orleans in 1991!

Carmella Strano, OTR/L
Publications Chairperson

CERTIFICATION COMMITTEE REPORT

At the October ADED conference awards banquet in California, seven Certificates of Professional Recognition were given to those individuals who have met minimum criteria in education and experience. The following individuals received certificates:

John J. Arthur, Jr.
Larry Bowen
Judi Hamelburg
Fredda Levenson
Donald Mills
Belinda Morris
Sally Sullivan

ADED and the Certification Committee extend Congratulations to these individuals for seeking recognition in their respective areas of specialization.

The process to renew your certification for those individuals who currently hold either Charter Certification or a Certificate of Professional Recognition has begun. Each individual will have a 3 year period in which to obtain the necessary continuing education hours in order to receive a renewal certificate. Those members eligible for renewal will be receiving a copy of the renewal procedure in the mail.

Also, ADED membership will be receiving applications for the Certificate of Professional Recognition for next year. If you do not receive an application in the mail, or have any questions concerning the Certificate process, please do not hesitate to contact me.

Sue Pierce, Chairperson
P.O. Box 560996
2205 E. Michigan St.
Orlando, Fl. 32856-0996
(407) 897-7074
(407) 897-7084 FAX

NOTICE!

IF ANYONE HAS INFORMATION ON THE WHEREABOUTS OF A 1979 VIDEO SHOWING ALAN RUPRECHT FROM DRIVE MASTER AND A DEMO VAN, PLEASE CONTACT:

PETER RUPRECHT
(201) 808-9709
Senile Dementia of the Alzheimer’s Type (SDAT) affects intellectual functioning. Symptoms may include progressive memory loss, decline in the ability to perform routine tasks, impairment of judgement, inattention, confusion, disorientation, personality changes and difficulty in learning new tasks. Even subtle decreases in performance can impinge on how an individual functions, endangering both themselves and others. It is imperative to investigate how impairments in these functions impact the ability to drive a car safely. There is an increasing concern regarding the advisability of allowing demented individuals to continue to drive.

In January, 1989, the Missouri Alzheimer’s Disease Research Center funded a year long pilot study to examine the actual in-car driving skills of people with SDAT. The study hoped to: (1) identify and actual driving performance differences between those diagnosed with questionable dementia and those with mild dementia; (2) show that individuals lack insight into their driving deficits and families are unsuccessful in monitoring deteriorating driving behavior. The purpose of this article is to discuss preliminary research data and provide recommendations from the study.

For this study, 40 subjects were recruited from a voluntary research program called the Washington University Memory and Aging Project. There were 13 controls (those without dementia), 13 with questionable dementia (slight memory loss) and 14 with mild dementia (moderate memory loss, unable to respond to questions eliciting short term memory). There were 22 females and 18 males. The mean age was 74.4 years. All subjects were currently driving.

The evaluation had three parts: (1) a pre-driving or clinical evaluation; (2) an hour long in-car on-the-road evaluation; and (3) a caregiver or collateral source questionnaire. All of the control and questionable demented subjects were judged capable of driving. However, 56% of the mildly demented subjects demonstrated sufficiently impaired driving skills that continued driving was not recommended.

The pre-driving evaluation showed that the mildly demented subjects had difficulty switching their attention from one simple task to another. Prior research has shown that this inability is a good predictor of accident proneness. In a complex decision-making task such as driving, the individual may fail to react to appropriate cues relevant to one of the many performance components of driving.

The pre-driving evaluation also
assessed subjects on their perception of their driving ability. If they drove on all types of roads, day or night, and in all weather conditions, they described their driving as good. If they self-limited their driving either by time of day, road type, mileage or weather conditions, they were categorized as having acknowledged some problems with driving ability.

Members of the control group recognized problems in their driving performance. They stated they were fair drivers and limited their driving to daytime and/or fair weather conditions. The questionably demented all rate themselves as good drivers and did not restrict the conditions under which they drove. Of the 14 mildly demented subjects, 12 reported that they were good drivers and only two admitted that they had concerns about their ability behind the wheel of a car. It is important to note that of the twelve self-reported "good" drivers, eight did not pass the driving test.

The on-the-road evaluation showed problems in three major areas. The first area considered was the ability to follow directions. The controls and the questionably demented had no difficulty in this area. Six of the 14 mildly demented had difficulty. Many elderly couples use the "co-pilot" method of driving to compensate for their inability to follow directions; the husband drives and the wife tells him when to go, stop and turn.

The second problem area was to ability to interpret traffic lights and signs. This was demonstrated by not yielding right of way and needing verbal cues to proceed at intersections.

The third problem area, lack of judgment was given the most weight in determining driving fitness. The majority of the mildly demented were unaware of their driving environment and had difficulty problem solving in various situations.

The caregiver interview showed that of those who failed the driving exam, the majority of corresponding caregivers felt that the subjects were good drivers. Of the eight subjects that failed the driving test, their caregivers were asked why these subjects were still driving. Their responses can be categorized as wanting to maintain dignity, convenience, and difficulty approaching the acknowledgement of unsafe driving with a domineering spouse. These responses typify the value of personal mobility as many caregivers were dependent on the subject for their own transportation and time management.

The results of this study support the following: (1) those with dementia may lack insight into their driving ability; (2) As dementia progresses, individuals become unable to drive safely; (3) caregivers may not be able to monitor driving or intervene to stop unsafe individuals from driving.

People with SDAT and their
families could benefit from a driving evaluation performed by an occupational therapist familiar with the problems of this population to detect if there is driving impairment. It may also help those with dementia and their families objectively deal with the highly sensitive issue of driving independence. An evaluation will look beyond the blank diagnosis of dementia and base the right to drive on the performance of skills necessary for competent driving. Because this is a progressive disorder, driving ability will require frequent monitoring and evaluation.

IN THE NEWS

A copy of the brochure announcing the National Home Health Care Exposition to be held from November 15th to 17th in Atlanta, Ga. recently crossed my desk. It was quite a surprise to discover that several of our members will be making presentation at this event.

Red Plank of Tampa, Florida is presenting a session entitled "Forms - Using Them to Help Your Business." He is also providing, in cooperation with Gresham Driving Aids, Division Driving Systems, Inc., and Drive Master Corp., a hands-on training workshop for the installation and service of hand controls.

Red, as some of you know, was the organizer and former president of National Mobility Equipment Dealer Association; the first organization of its kind devoted exclusively to the needs of the equipment manufacturer and their distributors.

"Adaptive Vehicles for the Physically Challenged" will focus on the equipment currently available to accommodate drivers with various disabilities. This session will be presented by Kent Mann.

Also on the agenda is our own Lou Klein speaking on "Standards: Voluntary or Mandatory?" Mr. Klein was the Chairperson for the SAE Task Force which developed the new hand control standard.

and last but certainly not least, Mike Shipp, from the Louisiana Tech Driver Education Program will present "Adaptive Driving - Who's Involved?" This is a historical perspective on the development of the adaptive driving/equipment field.

NEWSLETTER SCHEDULE

ARTICLES ARE DUE BY THE 15th OF THE PRECEDING MONTH.

Winter Issue - January
Spring Issue - April
Summer Issue - July
Fall Issue - October

NEW EDITOR'S ADDRESS

If you are planning to contribute information or an article to the Winter, 1991 issue of the newsletter, please send to or contact:

Susan Henderson
Memorial Hospital
615 N. Michigan St.
South Bend, IN 46601
(219) 282-4684
THE CANADIAN CONNECTION

margaret young
hugh mc millian rehab. center
toronto, canada

With shrinking health care dollars, we are being requested more and more to budget our Driver Education services on a totally self-supporting basis. We’re not there yet, but we’re close. One of the problems we’re wrestling with is "No Shows" and how to recover lost revenue. Any innovative ideas from other programs would be welcome! Just send your suggestions to the newsletter editor.

We: 1) phone to confirm appointments one week ahead; 2) keep a cancellation list for persons who want a sooner appointment with notations of who could come on short notice and 3) have started to charge a token cancellation fee when rebooking an appointment for a previous no show.

Other ways we try to augment our revenue is: 1) to request a speakers fee/consultation fee/ or honorarium whenever we are asked to speak, give an in-service, etc. Some self-help groups and other hospitals can’t always comply, but every little bit helps; 2) Donations - we occasionally have clients who make donations to the program. One sends us $400 each year and has been doing so for approximately 12 years. We do not solicit donations, however, we accept them graciously. 3) Research - several projects have fallen our way this year:

A. Application of Micro Electronic Technology to Assist Disabled Drivers.

The objective of this project is to identify those advanced micro electronic technologies that can be applied to private and public transport vehicles and systems in a way that will make travel easier, safer and more predictable for disabled individuals and improve their access to information, activities and services.

I’m having great fun reviewing the SAE Automotive Engineering Journals and brain storming with disabled drivers what vehicles of the future could be like.

B. Development of a System for Safely Transporting Physically Disabled Children in Passenger Cars.

The Rehabilitation Engineering Dept. at HMRC is developing a conversion frame for us with customized seating inserts for young children when traveling in cars/vans. Because of my knowledge of wheelchair restraints, I’ve been asked to consult on this project. Next week we’re going to observe the first of several crash tests with a three year old size "dummy."

As winter weather approaches we have to be prepared for cancellations when it would not be safe to drive. But this is just a factor of this season every year.

HAPPY HOLIDAYS to all from the HMRC Driving Team and please write in if you have any magic solutions to the No Show problem.
NOTEWORTHY!

Katie Senaydin OTR/L, Marjorie Seldin, OTR/L, Isabel Blaubach, and OTR/L have started one of just two Disabled Drivers' Education Programs in Dade County, Florida at the Baptist Outpatient Center.

Sheila Snyder, Cota of the Oregon Rehabilitation Center in Eugene, Oregon has received and Establishment Grant from Vocational Rehab Division to purchase a modified van for high level quads. Start up date is January 1, 1991. Good luck, Sheila.

Freedom Driving Aids, Inc., which is headquartered in Bay City, Michigan has recently expanded into the Chicago market with the opening of a new facility in Wolf Creek Industrial Park. The company will be part owned and operated by Todd M. Toporski. For more info: (800) 842-0511.

and Judi S. Hamelburg, P.T. from Advanced Therapeutic Driving has been asked by the National Parkinson's Foundation to assist their physicians in determining driving ability in their clients. IF ANYONE OUT THERE HAS EXPERIENCE OR INFO ON THIS DISORDER THEY ARE WILLING TO SHARE CONTACT JUDI AT: 3121 W. Hallandale Beach Blvd., Suite 102, Hallandale, Fl. 33009, (305) 966-6466

Shawn Bayes of Home Medical Equipment Co., has worked with Lee Memorial Hospital to set up an automobile for their Adaptive Driver's Education, Evaluation and Training Program through a generous $2,000 donation.

Karla Ferguson, OTR/L, has opened a private practice Disabled Driver Service that will provide services throughout South Carolina.

POSITIONS AVAILABLE

Handicapped Driver Training Specialist

Needed for outpatient rehabilitation facility in Southern Indiana. Individual must be a Driver Educator with knowledge of assessment, training of the disabled to drive and preparing of device prescriptions. Referrals include CVAs, SCIs, HIs, MR, Myelomeningocele and Cerebral Palsy. Attractive benefit package and competitive salary available. Please send resume to:

Debbie Hendrickson, MSW
Director of Human Services
The Rehabilitation Center, Inc.
3701 Bellemeade Avenue
Evansville, IN. 47714

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What are YOU doing?

I would like to know so it can be publicized in the newsletter. This is a good way of letting other ADED members know what is going on in the organization. It also provides information on where and what kind of expertise is available within ADED.

Just check the appropriate block/s, detach this page, fold and mail.

1. _______ Been promoted?
2. _______ Started a new program or expanded an old one?
3. _______ Been asked to speak or present a paper at a convention, workshop or convention?
4. _______ Received funds for a research project?

Brief Explanation: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Look for your entry under "NOTEWORTHY" column

NAME: ____________________________________________________________

ORGANIZATION: ____________________________________________________

TELEPHONE #: ______________________________________________________

SELF MAILER
Susan Henderson
Memorial Hospital
615 N. Michigan Street
South Bend, IN 46601