Presidential Address Winter 2004

As many of you know, ADED has made progress in many areas that have always been on the agenda for development of a variety of activities. I am proud to say that through the hard work of Linda McQuistion and her RFP committee, we have moved forward with the development of courses for increasing our CDRS numbers and setting the curriculum for future certification exams. I would also like to say that I am proud of my association with the entire ADED board and our diligent working executive directors Mike Shipp and Kathie Regan. Carol Blanc’s leadership and the financial planning of the board over the last 3 years has allowed us to move forward on many topics and has allowed us to fund executive directors that can devote significant amounts of time to ADED business. This structure has allowed us to raise the level of expertise in our profession and improved the quality of services that our membership deserves. We have not worked out all the bugs yet and are learning as we go in many areas. I was fortunate to have Carol Blanc serve an extra year as Past President to advise and provide valuable leadership. That will never be forgotten.

Our primary goal is to maintain the integrity of the organization and keep the mission that our founding members set. In the coming year, there will be many challenges. Our relationships with NMEDA, AOTA, AMVA, AARP, ASA, and other grass roots organizations will need to continue to grow in a positive manner so that the people we serve can receive the highest quality services. As a team player, we all have a role that we must master in order to best meet the needs of the community and the funding agencies that support our services. Lori Benner will have a tough task ahead this coming year. Our new committee structure and bylaw changes are going to require more involvement from the membership to move projects forward, without relying on one person to do all the work on their personal time. This should be a positive thing and allow our individual members to be more involved in the direction our organization takes. My time as president has been rewarding and has rejuvenated my commitment to driver rehabilitation. I hope to see many of you in Florida for the NMEDA conference and in the summer at the ADED conference in Kansas City. Have a safe and happy new year.

Lori Benner

ADED loses a great friend and colleague

It is with a heavy heart I report to the membership that our great friend and colleague Betty MacDonald passed away in December 2004. Betty was a very well known member of ADED. Her family, Driver Rehabilitation and ADED were her great passions in life. Betty served in many roles on the board and when she wasn’t a formal board member she was offering to help in “any way she could”.

Those of us who were fortunate enough to serve on the board with Betty fondly remember her ability to “bring the tough and controversial issues to the table”. She always did so professionally with great thought. She was frequently our conscience and she always was a voice for the membership.

Her biggest attribute however was her ability to then leave the controversy behind and raise her glass to moving forward in friendship and camaraderie. She will truly be missed.

The board and many of our members have expressed an interest in remembering Betty in a meaningful and lasting way. I am asking for suggestions on how the membership wants to do just that. Please e-mail me any thoughts you might have. In addition we would like to honor Betty in an article in the next NewsBrake. We will be featuring her life, her career and her contributions to the organization. Please send all information and photos you may have to Lori Benner at Box 850, MC H125 The Milton S. Hershey Medical Center, Hershey Pa 17033 You may e-mail your memories and thoughts to lbenner@psu.edu.

My thoughts and prayers are with our members who lost a great friend and colleague as well as with Betty’s family.

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Editor’s Note:

Editor’s Note:
I hope you all had a wonderful holiday season and are having a happy new year! Let’s hope that 2005 brings us all happiness, health, and prosperity!
I hope you all enjoyed my first edition of the News Brake. Sorry it took so long to get out. I am looking to you as ADED members for ideas, pictures, and articles for the News Brake. If you are doing anything new at your work or within your ADED Chapter please send me the information so other members can be informed. Members are always looking for new resources, ideas, and educational information so if you have recently heard of something- please share it!!

Let’s make 2005 a strong year for ADED. We need more members and volunteers for projects and committees. Renew your membership now and spread the word about ADED. Although balancing life, work, and being actively involved in an organization can be challenging it is also very rewarding and is a great way to keep informed of things in the field, learn new skills, and meet new people. Consider taking on a new challenge, growing professionally by becoming involved in a project, being a speaker, or writing an article.
I am looking forward to my first NMEDA conference. I hope to see you there!

Enjoy! Staci

From the Desk of Katy and Michele

2004 was another successful and fun filled ADED conference. We would like to thank all those who exhibited and/or sponsored this year in Buffalo, New York. We appreciate all of you and we know that ADED could not have the level of conference we do each year without your support. We welcomed several new exhibitors this year. We hope you enjoyed your V.I.P. balloon bouquet. The Buffalo Puzzle was also a success. Congratulations to the winners! Also, congratulations to John Holcomb on naming the buffalo. We hear Chip the Buffalo is doing well. We are already planning for the 29th Annual ADED Conference in Kansas City, Missouri at the Hyatt Regency. We hope to see you there!

Sincerely,
Michele Coffey, OTR/L, CDRS
Exhibit Co-Coordinator
Katy Greene, OTR/L, CDRS
Exhibit Co-Coordinator

Chapter Updates

NORTHEAST CHAPTER

The fall meeting of ADED Northeast was held during the New England Traffic Safety Educator’s Association in Nashua, New Hampshire November 5-6th. 14 members of the northeast ADED chapter were represented at the conference, with a conference total of 202. 3 presentations were given by ADED members. NETSEA offers many traffic safety and teaching presentations that are relevant to ADED members involved in driver’s training. We look forward to having more presentations of relevance to all, as there is a great deal of information sharing between the two organizations.

Staci Frazier, OTR/L, CDI, CDRS and Amanda Plourde, COTA CDI, CDRS of the DriveAbility Program at Exeter Healthcare in Exeter, NH, gave a well received presentation “Driver Education for the Healthy Older Adult”. Information was presented on a program to help older drivers update their driving skills. As our population ages, this topic is relative to the activities of all driver educators.

Susan Grant, OTR/L, of Alpha One in ME spoke on “Therapeutic Horseback Riding and Driving- Preparing Teens w/Disabilities to Drive a Car”. This was an interesting and informative perspective on the relation between different therapy activities and driving.

Tim Pratt, COTA, CDI, of Sunnyview Rehabilitation in Schenectady NY presented “Communicating with Parents and Families of Challenging Students”. This was well received and generated discussion, as many in general driver education are working with challenging students in the school systems.

Thanks go to Drivemaster Corp., MPD, Rideaway and Crescent Industries for participating with displays, and also to Rex Bradbury of Crescent Industries of Auburn, ME for his contribution to sponsoring a break for the conference.

Elections are being held for new Northeast Chapter officers for 2005. Look for your ballot in the mail. The 3 ADED representatives to the NETSEA board are: Gail Babirad, RTA Inc, NY; Bruce Renfro, CDI, CDRS of Adaptive Driving Associates in VT (Bruce is also NETSEA Vice President) and Mark Whitehouse, CDRS, Adaptive Driving Program in MA. Next year’s meeting of NETSEA will be in Rhode Island.
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I am happy to share an e-mail that Renee sent to me describing her experience at the 2004 Olympic Games! Thanks for sharing with us Renee! - Staci

***********

Renee says, “What an experience!!”

We trained in DC prior to leaving for Athens on a charter plane with all the US delegation. In DC we trained on an Army base and shared the gym with the men’s basketball and rugby teams - it was very hot and humid. We also got to meet some veterans who were recently injured. I can’t put into words the impact that had on our team - to hear their stories of war, of their injuries and how one vet was waiting to see his newborn - is something I will never forget.

The charter flight was long of course - but watching three movies and sleeping made the time go by. Our accommodations were great - less the elevator that kept breaking down. The weather was actually similar to the southwest, hot and dry with great mountains. We had about 10 days of training and activities in Athens prior to our competition.

During this time before competitions, we did get to go to the Plaka and the Acropolis - it was a difficult path to push, but well worth it! They built a single rider lift up the side of the mountain - I could not look down, but once to the top - breathtaking ruins and history. Opening ceremonies has always been my favorite - and this time...

The following story (below) and team photo (right) are highlights from the November 2004 Sports ’N Spokes magazine article, “Spirit of Performance”, covering the XII Paralympics in Athens, Greece. (reprinted here courtesy of Paralyzed Veterans of America publisher of Sports ‘N Spokes)

WOMEN’S BASKETBALL

by Tip Thiboutot

You could almost hear them from atop the historic Acropolis in Athens. It was chatty, loud, yet meaningful chatter that the U.S. women transformed into intelligent and productive basketball communication in the Paralympic basketball arena. Each word, each shared instruction sent one message - this is a team. Add significant doses of individual talent as well as coaching prowess, and you have the much sought-after ingredients of a gold-medal-winning team.

And let it be known that these women played gold-medal basketball born of U.S. universities that have demonstrated the courage and foresight to support programs for athletes with disabilities. First and foremost, turn your gaze toward the pioneering University of Illinois, which produced 9 of the 12 U.S. players. Moreover, the U.S.’s excellent coach, Ron Lykins, honed his considerable skills at the University of Kentucky and the University of Wisconsin-Whitewater.

But despite their impressive pedigree, the Americans found themselves living the very definition of Greek tragedy in their first match against Australia. Simply put, tragic heroes reveal a flaw that leads to their undoing. Leading Australia by 13 at halftime, the U.S. lost its focus on defense. The talented and aggressive Aussies seized the opportunity and relied to deliver a heartbreaking 62-61 loss to the U.S. women. Would lack of focus prove to be their fatal flaw?

The U.S. quickly redeemed itself by easily defeating Great Britain (63-21), followed by the Netherlands (57-38) and Japan (70-33). This last quarterfinal victory brought the Americans face to face with their archrivals in the semifinals, the mighty Canadian women who had not lost in Paralympic or World Championship competition in 12 years.

As if unimpressed by Canada’s deservingly legendary status, the U.S. blasted its way to an early 11-2 lead behind the early scoring of Christina Ripp (6 points) and Jennifer Warkins (5). The U.S. fashioned an outstanding first half of basketball. Their aggressive pressure defense forced Canada into a second match, this one with the shot clock, resulting in numerous Canadian turnovers and wild heaves at the...
It’s Olympic Gold Medalist Renee Tyree!!!

Renee (center) and teammates showing off their gold medals!!

was no exception - the feeling of entering a filled stadium representing your country is indescribable and inspiring. Our competitions began with a loss to Australia - it was unexpected, but what a wake-up call that just put us on a very focused path to the end. The first loss was at a “good” time in the pool play - it affected only who we played in the cross over games. We ended up second in our pool, crossing over to play Canada, the reigning champions, in the semi-final game. We took it too them and played our game until the end, winning 57-40 putting Canada in the bronze medal game. The win was incredible, but not what we came to Greece to accomplish, we still had one game left - Australia for the gold medal.

Australia came into the game quite confident that they would win, given they beat us in round one. The trash talk all around the village was pretty heavy. We had great support from back home with many emails and letters of support. The stadium was packed - this was the second gold medal game I have played in. Unfortunately TV coverage in the states did not exist - this year, but will in 2008.

Our team went out and never looked back - we peaked as a team at the right time - never losing focus and winning 56-44. I will never forget that moment, looking up at the scoreboard, the fans, and celebrating with my teammates. The medal ceremony was next - we hardly had time to get off of the court and change into our ceremony suits - but a moment like that - who cares!

I had dreamed of this moment for years - watching our flag being raised while singing our national anthem - It can not be described, however I did not cry (I thought I would, but I just wanted to remember and see every moment). The medal is the most beautiful medal I had ever received. Even though the flowers and the wreath have long wilted, the USOC has provided us with video of everything.

I have now accomplished all that I can in the sport of wheelchair basketball - and have officially retired.

Renee found some time to fit in a bit of sightseeing. Here she is at the Parthenon!
WOMEN’S BASKETBALL

(Continued from page 6)

basket as the clock ticked mercilessly to zero.

The U.S. attack continued pounding away. And when Jennifer Howitt and Teresa Lannon executed a perfect bank-producing pick-and-roll—a half court basket that pushed the U.S.’s lead to 31-17 midway through the second period against physically stronger Canadian defenders, you could sense that something special was in sight for the U.S. Canada’s coach, Tim Frick, emphasized it was Lannon and Howitt “who made the difference early on to give the U.S. the big cushion.”

By halftime, the Americans had carved an impressive 35-21 lead that Canada managed to close to 8 points (36-28) on a basket by veteran guard Marie Abbott. But the U.S. refused to wilt in the face of this threat. The team even increased its lead to 19 (48-29) midway through the last period when Stephanie Wheeler whipped a beautiful hook pass to Ripp for the score. The Lightning-quick Wheeler had entered the match in the second half with Patricia Cisneros and Susan Katz. This trio boosted an already proficient defense, and the U.S., with Ripp and Warkins scoring 19 and 17 points, respectively, cruised to an impressive 57-40 victory over the Canadian dynasty.

A “saddened and disappointed” Frick paid tribute to the American “defense that kept us from making a comeback.” Defense indeed—one that allowed only one Canadian player, Danielle Peers (10 points), to score in double figures.

Defeating Canada could, in many circles, seem worthy of a gold medal. But the U.S. had to prove it could defeat Australia before claiming the true Paralympic crown.

High scorer Warkins, who led the tournament with an average of 20.3 points per game, said, “We didn’t come here to beat Canada; we already felt prepared to do that. We came to win a gold.”

The U.S. defense, as it did against Canada, proved so intimidating that it conjured images of “bombs bursting in air.” In the opening minutes, Ripp, Warkins, and the ever-improving Gianna Crawford combined to give the U.S. a 14-4 lead on two foul shots, five layups, and one Crawford 8-footer. Launching

The team defense during this period was superb. Crawford’s individual defense deserves note. She appeared everywhere, seemingly stifling Aussie low-post and perimeter players simultaneously.

The layup feast continued in the second period. At the 6:22 mark, Ripp drained a rare perimeter shot, a 16-footer. But that basket was preceded by four layups, two each by Ripp, and Warkins, to increase a growing U.S. lead to 18 points (28-10). Effective backpicking produced yet another numerical advantage for the U.S. and another gimme basket, this one by Cisneros, who had entered the game from the bench.

Seemingly bent on breaking the layup monotony, Ripp nailed a 15-footer to give the Americans their biggest lead with three minutes remaining in the second period, a lead Australia narrowed to 34-16 just before the end of the first half. And a great first half it certainly was, particularly for the U.S., according to IPC President Phil Craven, one of international basketball’s greatest players.

“It was one of the finest halves of wheelchair basketball I have seen from one team,” he said.

Australia rallied in the second half while the U.S. offense cooled considerably. Australia’s gifted Alison Mosley heated up, ultimately scoring most of her game-high 22 points in the second half. With help from star Liesl Tesch’s 16 points and 19 rebounds, Australia outscored the U.S., 28-22, in the second half, which was not enough to overcome the U.S.’s great first-half performance. Tesch and Mosley’s production was offset by Warkins’s 21 points (15 rebounds) and Ripp’s 16. But the respective production of each team’s so-called supporting casts proved revealing: U.S., 20; Australia, 7. The U.S. went on to a 56-44 victory.

U.S. Coach Lykins summed up his team’s character almost perfectly: “This was a very focused, hungry, and mentally tough team. We were very good defensively, which was our focus. We could score a lot of points in a lot of different ways. We were versatile in that we could play a full-court or half-court game. We were quick and fast, offensively we scored in the transition, from the perimeter, and from the inside. We had many weapons, and we used them all.”

PHOTOS: MARK COWAN

Canada defeated Germany to win the bronze medal in the women’s basketball competition.

The Netherlands’ Carina Versloot (right) crashes into U.S.A.’s Janna Crawford while going for the ball during preliminary-round action.

(Sports ‘N Spokes) (Reprinted courtesy of Paralyzed Veterans of America) November 2004
Driver Improvement courses are a benefit to all drivers for insurance discounts, point reduction on driving records and improved driver safety on the road. To most people, driving means mobility, independence and a connection with the world around us. The driving privilege becomes especially important to individuals when they reach the "older driver" category. One way to maintain this privilege is to participate in a Driver Improvement course.

ACCORDING TO MOST REPORTS, an older driver is considered to be a driver over the age of 65. Even though drivers over the age of 65 have more driving experience, their crash rates go up per mile driven. Drivers over the age of 65 have a higher fatality rate per mile driven than any other age group except when compared to drivers under the age of 25. Motor vehicle injuries are the leading cause of injury-related deaths among people 65 to 74 years old and are the second leading cause (after falls) among 75-84 year olds.

Overall, older drivers drive less, are more likely to wear their seat belts, drive at the posted speed limit, drive mostly during the day, and are less likely to drink and drive. So what causes these statistics?

As a person ages, their bodies become more frail, leading to a decreased ability to survive severe motor vehicle crashes. Frailty increases between the ages of 60-64. As the national older driver population increases, drivers over the age of 65 are expected to account for 16% of all crashes and 25% of all fatal crashes. Crash rates for drivers over the age of 65 increases because of physical, mental, and sensory changes caused by the aging process. These changes start between the ages of 25-30.

The biggest increase in this driving population is expected to happen between the years 2010 and 2030 as the baby boomers reach the age of 65. By the year 2020 there will be an estimated 17% of our population, or 50 million persons, over the age of 65 that will still be eligible to drive. This is great. People are living longer, they are healthier and the need to continue driving is greater than ever. Older drivers are still working, volunteering, running errands, going to church, visiting loved ones, and helping to take care of their grand children.

**AS A PERSON GET OLDER, everyday driving skills that are often taken for granted such as yielding the right of way, turning left at an uncontrolled intersection, understanding traffic signs and driving at night become more of a challenge. At times people learned how to drive in one state as a teenager and then as an adult moved to a state where the traffic rules and regulations are slightly different. Older drivers often have not learned how to compensate for age related changes, such as limits in mobility and vision changes, and often do not understand the safety features in new vehicles. With education, skills can improve.**

**A DRIVER IMPROVEMENT COURSE** can assist many older drivers with improving their driving safety, especially if the Driver Improvement course is completed in a Driver Improvement course (Continued on page 14)
Drivers Rehabilitation Specialists are a Great Resource to Law Enforcement Officers

Miriam Watson, OTR, CDRS, CDI

I heard an officer speak at a hearing at the NTSB hearing that I attended on the behalf of ADED. He stated that officers don't want to write a ticket or refer someone to the DMV that looks like their mother, father or grandparent. They want to get the criminals off the road. An older person who has been a good citizen is not the image of the person they have been trained to be concerned about.

As driver rehabilitation specialists we know too often that someone with a cognitive deficit may not have the insight or judgment to know that it is time to stop driving and may not have the cognitive skills to find alternative transportation. That is not as obvious to the police officers. They may not understand that an individual they pulled over for driving through a stop sign intersection may have had a left-brain stroke and therefore telling them to be more careful in the future isn't going to help.

The Vermont Police Academy was at first skeptical of what educational value my talk would have for the new recruits. Now I've become a regular speaker, for each new group of students. The topic on elderly drivers is two hours long. It encompasses statistics, a number of diagnoses that are common with the elderly, and what happens when a police officer reports an individual to the VT DMV. I also explain driver rehabilitation services and make them aware of the programs that are available in the state.

The new recruits are introduced to the statistics from NHTSA. Specifically, of the high rate of fatality for elderly drivers involved in an automobile crash as well as the fact that they are second to teenagers for number of accidents per mile driven.

I cover diagnosis such as Parkinson's, Alzheimer's disease, and left and right brain strokes. They are often amazed how common these diagnosis are in the US and were unaware that an individual with these conditions may not have the capacity to use good judgment regarding driving. I discuss what the person's driving actions may look like if they have one of these conditions. They experience what a person with a field cut or a neglect experiences with modified glasses. They are educated on simple questions to ask such as "where are you going" or "what roads do you take to get there" if they suspect a memory deficit. They learn to look for signs and make observations, including noticing an AFO and or a cane, that may indicate a stroke.

Educating these officers to notify the DMV if they are concerned about someone's driving may seem cruel on the surface. But let's look at the big picture. When we look at the Santa Monica incident, the elderly gentleman most likely had either a friend, family member, or doctor who at sometime was concerned about his driving. There is information from the NTSB report to sug-

(Continued on page 15)
Defining the Comprehensive Driving Evaluation

The following information is from the American Occupational Therapy Association (AOTA). It does not reflect the position of ADED. The intent of this piece is to notify ADED’s membership that are in the occupational therapy profession of the opportunity to respond to AOTA if they choose.

AOTA is developing educational materials for the occupational therapy profession in the area of driver rehabilitation. It is important that the terminology be consistent and accurate. The comprehensive driving evaluation is made up of two parts—the clinical evaluation and the on-road evaluation. The clinical driving evaluation is made up of assessments. Assessments can be completed by an OTA once the OTA has demonstrated the appropriate competencies. The level of supervision required is delineated in each state’s regulations related to the practice of occupational therapy. The on road evaluation is made as an evaluation and the question is—are there assessments that contribute to this evaluation or not? If it is made up of assessments it could be treated in the same manner that the clinical evaluation is treated and therefore an OTA who demonstrates competency can carry out the assessments under the supervision of an OT. (if there are component assessments, what are they?)

Another question is - what are the minimum qualifications an OT needs to have to supervise an OTA in the field. Can an OT who does not have training in driver rehabilitation be supervising an OTA in the field? And if it is agreed they need advanced training, how much do they need? (Does the OT need to be fully qualified to take a patient on the road, have all the specific state required credentials, if the OTA is taking the client on the road?).

It must be remembered and understood that it is ultimately the OT that is responsible and it is the OT’s license and liability that is on the line with this or any other evaluation process.

AOTA is currently looking for feedback to help decide AOTA’s position. If you have thoughts on these two matters I would encourage you to contact Elin Schold Davis at escholddavis@aota.org as soon as possible with a letter.

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A high level of interpersonal skills necessary for the effective instruction and counseling of clients with the ability to suggest modified driving devices based on prior successful implementation.

Contact: resumelford@memorialsb.org
Please use WORD/FORMAT

Memorial Health System
Quality of Life

Winter 2005
News Brake
IN OCTOBER 2001 the Institut de réadaptation en déficience physique de Québec (IRDPQ) started a project in partnership with the Société d’assurance automobile du Québec (SAAQ) to experiment a program aimed at developing compensatory abilities for visually impaired drivers. Discussions between the SAAQ and vision professionals lasted close to 10 years before such a project could be accepted and set in place. It was made possible with funding by the Institute, the Institute’s Foundation and the Office for Handicapped Persons.

THE PROJECT, which will last until August 2004, allows for 15 low vision persons who are non-experienced drivers to go through an eight-week program for developing abilities to drive with BiOptics. The program is run by a multidisciplinary team including an optometrist, orientation and mobility specialists, psychosocial counselor and a driving instructor. The program was built on the model developed by C. Huss at West Virginia Rehabilitation Centre and adapted to the Quebec legal and administrative context.

Visual criteria for admission in the program are:

- A visual acuity between 6/18 and 6/60 exclusively
- A continuous visual field of 120° H and 80° V
- No other medical or optometric condition which could be incompatible with driving
- Stable eye condition for the last 5 years
- Moreover, the candidates had to go through assessments in audiology, psychometric tests, orientation and mobility.

The objectives of the project are to:

- Demonstrate that the use of BiOptics for driving can be safe under specific conditions
- Implement the program in IRDPQ’s program in 2004

The role of the orientation and mobility specialist is to:

- Teach basic orientation, use of maps, planning of routes and problem-solving
- Evaluate driver’s strengths and weaknesses, limitations
- Develop adoption of preventive driving behaviour

The training program includes:

- Stimulation to distance vision
- Training with the BiOptic system inside and in driving environments
- Training to visual search strategies
- Practice as passenger in a car, commenting gradually the dynamic situations on the route
- Driving training with a certified driver instructor

A typical day

- A session as passenger in a car with the O & M specialist
- A session of driving theory with the driving instructor
- A session as apprentice-driver with the driving instructor

Evaluation

A weekly observation is made by the O & M specialist during the driving lesson and feed-back is then given to the candidate. During the last four weeks of the program, the candidate is evaluated once a week with a Driver Performance Measurement (DPM) Test. This test consists of an 82 km route going through five types of driving environments: residential, rural, urban, highway and bridges. The 82 km are divided in 12 sequences where the candidate’s behaviour is assessed as Satisfactory or Unsatisfactory according to his response to traffic situations (did he increase or decrease the possibility of an accident?). The performance indicators used to document the behaviour are: visual search, speed control and direction control. This evaluation is made by 2 orientation and mobility specialists and is useful to follow the candidate’s progress in the program; to succeed the test, the candidate has to reach a 75% note.

After completing the program, recommendations are made by the multidisciplinary team to the S.A.A.Q. who delivers an apprentice-driver license for the rest of the apprenticeship period. The recommendations include, in some cases, certain restrictions according to the candidate’s performance during the program. In Quebec, the driving-apprenticeship period lasts 8 months if you enrol in a driving school, or 12 months if you don’t. The SAAQ recognizes the two-months passed in the program and our candidates still have six months as apprentice-drivers before taking the SAAQ’s practical test. During that period, we evaluate them every three months with the DPM test to verify that they maintain their abilities. After that period, they can go for the SAAQ’s practical test and get their driving license.

The project also includes a three-year evaluation of that first cohort of BiOptic drivers to document the impact on public safety and on the candidate’s social participation.
An Experimental Project

CHARACTERISTICS OF THE SUBJECTS

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<td>(30-40)</td>
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Preliminary results

As of July 2004, 15 candidates have gone through the program and nine have gotten their driving license (two of them have restrictions on highways). Four persons are still in apprenticeship and have a learner’s license.

One candidate did not complete the program because of a sudden sickness which needed hospitalization during the sixth week of the program and one candidate did not succeed maintaining the visual abilities on the second evaluation after the end of his training; the team recommended that the apprentice driving license be retired to that person.

Costs

The Quebec Public Health Insurance paid for the Bioptic system; it costs approximately $30,000 for each candidate to the rehabilitation centre. The cost includes contracting with a driving school for a driving instructor, materials, car and in-

(Cont’d on next page)
(Continued from previous page)
surance, as well as the rehabilitation services.

Discussion

The program’s requirements are within reach by the candidates but require a full commitment from their part. The Driver Performance Measurement Test is essential to follow the progress of the candidates during and after their training; this objective measure weighs a lot in the recommendation made to the SAAQ. The candidates for which the team produced a positive recommendation succeeded all on the SAAQ’s practical test and are now autonomous drivers.

During the project, close communication with the SAAQ was essential to ameliorate the process by which the candidates must go through and ameliorate the program so that it could be offered as a new service to the Quebec population.

An evaluation of the implementation is due by September 2004; the evaluation of the effects of the program are due in October 2004 as all the 15 candidates will have gone through their whole apprenticeship period. Once those evaluations are done, recommendations will follow concerning the future.

For more information on the program you may contact:
Nicole Ruelens, program coordinator
nicole.ruelens@irdpq.qc.ca

Visual Impairment Adult Program
IRDPO • http://www.irdpq.qc.ca/
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Quebec, QC • G1M 1S8 • Canada
Tel. (418) 529-9141 #2211
Fax (418) 529-4211

Mark Your Calendars

The calendar of upcoming events is provided as a service to ADED members. News Brake does not confirm the accuracy of the information provided. Please verify dates and locations with the organizations listed.

February 9-12 Daytona Beach, Fl: Fourteenth NMEDA Annual Conference. Ocean Center and Adam’s Mark Hotel. contact: 800-833-0427.

Transportation Listening Sessions for the Policy Committee of the White House Conference on Aging. There is also more great information on the website www.eyes.uab.edu/safemobility

Upcoming listening sessions are planned as listed below:

April 14, 2005 Boston, MA: This Session sponsored by AARP, the U.S. Department of Transportation, and the MIT AgeLab. Details are not yet available, but will posted here as soon as they are. For more information in the meantime, contact Joan Harris at Joan.Harris@ost.dot.gov.

March 10, 2005 Philadelphia, PA: This Session sponsored by the American Society on Aging and the National Council on Aging and will be held at their joint annual meeting. See website for the agenda and information on time and place. Although there is a registration fee associated with attending the overall conference, those desiring to attend this session will not have to be.

* * * * * *

To have your event information included in Dates to Remember please provide the information to:
Editor, News Brake, Staci Frazier.
E-mail: sfrrazier@ehr.org
phone: 603-580-7927
or mail to:
Staci Frazier, OTR/L, CDI, CDRS
Exeter Healthcare
4 Alumni Drive • Exeter, NH 03833

ADED wants your feedback about how to improve the ADED website and to make it more member friendly. Email your concerns, suggestions or web development ideas to the Operations Director on the ADED Board, Vince Paniak at vpaniak@shaw.ca . There is also a link on the Web site for member feedback.

www.driver-ed.org

Website Critiques Welcomed

ADED Home • The Association for Driver Rehabilitation

Website Critiques Welcomed

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Website Critiques Welcomed

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Website Critiques Welcomed

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Improvement course offers behind-the-wheel driver training in addition to classroom education. Older adults learn best with hands on experience and repetition. This type of course allows the driver to hear about a new technique or concept in the classroom then practice this new skill in the car with the instructor one on one. Behind the wheel training gives the driver the opportunity to ask questions as a driving situation occurs and allows the instructor to meet the individual learning needs of the student, in this case, the older driver. Behind-the-wheel driver training also allows driving behaviors that put the driver at risk to be changed and improved, while also providing feedback to the driver on good driving habits. Suggestion on the drivers positioning may also be given which can improve the driver’s ability to see and optimize the effectiveness of the vehicle safety equipment.

A Driver Improvement course which includes behind the wheel training is an excellent way to increase your safety behind the wheel and keep you up to date with the constantly changing task of driving. Taking a course like this while still healthy and driving without accidents can greatly improve your chances of driving longer, safer, and avoiding becoming a statistic.

Submitted by:
Staci Frazier, OTR/L, CDI, CDRS
Amanda Plourde, COTA, CDI, CDRS,
Amanda is an American Automobile Association Driver Improvement Program certified instructor

www.aaaafoundation.org
See the AAA homepage to learn about an AAA report on the Supplemental Transportation Programs with recommendations for Medical Advisory Boards.

Winter 2005
News Brake
If members would like information on the ADED budget, they can contact the ADED office. The board is working to get the budget posted on the member-only section of the website, in the near future.

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Winter 2005 News Brake 17
NEWTON, Mass. — (BUSINESS WIRE) — Nov. 1, 2004 — Drive Square, a company using simulation technology to develop innovative driver training products, has received a $100K National Center for Injury Prevention and Control (NCIPC) of Centers for Disease Control and Prevention (CDC) Phase One Small Business Innovative Research award to improve road safety. Drive Square’s virtual reality trainers enable drivers to experience life-like driving conditions in the safety and comfort of their parked vehicles. These practice sessions enable individuals to improve their driving skills and become better drivers in real life. Drive Square is working in collaboration with the Human Performance Laboratory (HPL) of University of Massachusetts at Amherst.

Drive Square utilizes simulation and techniques adapted from commercial and flight training simulators while using the driver’s actual vehicle. Ultimately, the technology is being developed for the consumer novice driver training market. Additionally, its benefits can also be applied to healthcare training as an aid for occupational therapists who train & screen older, and disabled drivers. Other potential applications include commercial and military driver training.

“Drive Square intends to employ this simulator in a program of intervention that combines first-hand (simulated) exposure to risky situations, providing immediate feedback. This approach can assist younger parents, instructors and teens themselves to assess how well they are driving relative to other teens in their gender and age group. More importantly, it can teach novice drivers how to recognize risks on the simulator which then helps to reduce the crash rate when they first get behind the wheel, a rate which is some

Drive Square is developing to improve overall road safety, lower auto related death, injury, and property damage rates,” said Konstantin Sizov, President of Drive Square. “The enactment of tougher laws concerning drinking and driving, the introduction of Graduated Licensing programs and better record-keeping by Motor Vehicle agencies have contributed to decreases in the death and injury rate. Insufficient cognitive and perceptual skills that are important for safe driving continue to block overall improvements in safety. Experts have estimated that anywhere between 75% and 80% of the crashes among novice drivers are due to the lack of cognitive skills and abilities that our product can help remedy.”

About the University of Massachusetts Human Performance Laboratory

The University of Massachusetts Human Performance Laboratory contains an advanced driving simulator and associated state-of-the-art eye tracking equipment that have been used to study the behavior of younger and older drivers, the effect of in-
vehicle technologies on driver performance (e.g., collision warning systems and cellular phones), and the effect of different signs, signals and pavement markings on drivers' behavior. The entire northbound and southbound tunnel sections of the Big Dig have been modeled (see www.ece.umass.edu/hpl for a simulation of a drive through the Central/Artery Tunnel), as well as the complete arrival and departure ramps at Logan International Airport. Research has been funded by the Massachusetts Highway Department, the Massachusetts Port Authority, the Federal Highway Administration, the New England University Transportation Center, the National Institute of Aging and the National Science Foundation, among others. For further information, please contact:

Dr. Donald L. Fisher
Director, Human Performance Laboratory
phone: (413) 545-1657.

ABOUT DRIVE SQUARE LLC
Drive Square, LLC is an emerging company focused on the development, marketing and sale of patent pending driver training products and services, utilizing techniques adapted from commercial and flight training simulators. The company believes that the application of its proprietary technology to consumer, commercial, military and other applications will substantially improve drivers' skills and reduce accidents, providing significant economic and social benefits. The company's technology allows drivers to be safely trained, under simulated conditions, using their actual vehicles in consistent, fully automated sessions. For more information on Drive Square, please visit www.drivesquare.com or call: (617) 762-4013 (x112).

Contacts:
Shock PR, Inc. • Richard Shock, 508-693-9933
rshock@shockpr.com, or
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Membership Categories are as Follows:

Individual (new member): $120
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Mobility Equipment Dealer: $250
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Facility: $250 (1-3 individuals)
$500 (4-6 individuals)
$750 (7-10 individuals)
Business or agency involved in the provision, implementation or administration of driver rehabilitation services (driver screening, evaluation, behind the wheel training and/or transportation evaluations). This category includes hospitals, rehabilitation centers, driving schools, driver licensing agencies, etc. Individuals must be listed on facility’s membership so their status is maintained for eligibility to run for office.

Corporate: $500
Business involved in manufacturing and distributing products used by driver rehabilitation specialists or individuals with disabilities. You will also receive with your membership: (1) ADED’s extensive Resource Manual, (2) NEWSBRAKE newsletter, (3) your personal website access, (4) Discounted conference rates, and (5) Discounted Professional ADED course costs.

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☐Vocational Rehabilitation 
☐Rehab Engineering 
☐Equipment Dealer 
☐Equipment Manufacturer 
☐Kinesiotherapy 
☐Other 

Professional Background 
☐Driver Education 
☐Occupational Therapy 
☐Vocational Rehabilitation 
☐Rehab Engineering 
☐Equipment Dealer 
☐Equipment Manufacturer 
☐Kinesiotherapy 
☐Other

Program Services 
☐Clinical 
☐Classroom 
☐Driving Range 
☐Simulator 
☐Car 
☐Van 
☐Van Modifications 
☐Other

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Ride-Away Corporation Helps People
Get Back On The Road Again!

Ride-Away is the East Coast's largest provider of modified vehicles and adaptive equipment for people with disabilities. The company sells new and previously owned vehicles as well as offering a full range of vehicle modifications including hand controls, wheelchair and scooter lifts, ramps, raised doors, lowered floors, and specialized gas, brake and steering controls. Vehicle trades, extended warranties and financing are also available. Rental vehicles are available on a daily, weekly or monthly basis.

With locations in Connecticut, Maine, Maryland, Massachusetts, New Hampshire, Vermont and Virginia, you are assured of unsurpassed service and support, including 24 hour emergency roadside assistance, wherever you may be.

Contact a location near you at 1-888-Ride-Away
or visit us online at www.ride-away.com.

Industry Exclusives:
3 year / 36,000 mile warranty on all Braun lifts and additional products
5 year / 50,000 mile warranty on Braun lowered floor minivan conversions.
In order to keep updated on what is going on with ADED members across the country, I need your help. Take a minute and fill out this form, fold it and mail it.

☐ Been Promoted?
☐ Started a new program or expanded an existing program?
☐ Presented at a workshop or conference?
☐ Doing a research project?
☐ Ideas for an article or “Shifting Gear” question?
☐ Other: ________________________________

Details: __________________________________________________________________________
__________________________________________________________________________________
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__________________________________________________________________________________
__________________________________________________________________________________

Look under “Key Notes” in the next newsletter for your item.

Name: ____________________________________________________________________________
Institution: _____________________________________________________________________
Phone: __________________________________________________________________________

NEWSLETTER DEADLINE:

The next deadline is **February 15, 2005**. Please send any articles, pictures or news information to:

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ENDANGERED SPECIES!

Wouldn’t it be nice. With EMC’s new Auxiliary Vehicle Power Supply, Jumper Cables can be a gadget of the past. The AVPS™ is the first “Intelligent” Dual-Battery System. It provides real solutions for adapted vehicles requiring “Dual Battery Systems.” Today’s modern vehicles have charging systems capable of delivering in excess of 120 amps @12Vdc for ONE vehicle battery. Computers in these vehicles also monitor and control the alternator output based on temperature and duty cycles. Traditionally used dual Battery Systems simply can’t adequately address the needs of today’s adapted vehicles.

Critical power requirement items in today’s adapted vehicles might include: “Redundant Power Supply”, “Emergency Egress Power”, “Emergency Starting Power.” AVPS is the answer for today’s adapted vehicles. Utilizing Microprocessor technology, AVPS becomes a source of “make before break” intelligence ensuring battery power is always available to the vehicle regardless of driver input or system failure.

AVPS components include a small on-dash display providing the driver with visual and audible status of the two batteries and alternator, and alerts them to any “Low Voltage” situations. The under-dash AVPS Module controls all power switching between the two batteries and the vehicle. The optional Power Kit from EMC allows vehicle modifiers to add an additional 100 amps of electrical equipment to the vehicle through a dedicated power distribution fuse box. This reduces the possible overload to original vehicles circuits not designed for “add-on” devices.

For more information log on to www.emc-digi.com

EMC
ELECTRONIC MOBILITY CONTROLS
WE NEVER FOLLOW.
The Left foot accelerator and the original accelerator are equipped with a hinge allowing for the desired pedal to be gently pushed into place while the other can be neatly tucked away.

The force applied to the original accelerator is transferred through a high quality Teflon coated cable.

Common reasons for choosing Menox Hand Controls:
- "brakelatch" enables use of right hand
- multi-function option for secondary control
- aesthetically designed to match vehicle style
- not an obstruction when moving in and out of the vehicle
- clothes are not damaged or soiled
- no obtrusive parts, minimizing exposure in accident
- transferable into future vehicle

Menox Hand Controls

Choose features and colors

All Menox Driving Aids Values
- Universal-Menox is compatible with many different car brands
- Adjustable according to customers' wants and needs
- Smooth and easy to use
- Installation is simple without damaging the interior
- Attractive style, grips and covers to match car interior
- A Menox equipped car is a compatible family car. Family members can comfortably drive the car using their own controls.
- Menox driving aids are designed for quick release.

Menox Pedals for small people

Find the best solution for your clients

The Menox Stamp provides a logical solution for individuals needing a 1-3 in extension. The ease of movement allows for the pedal to be lowered into place and tucked away when not in use.

The Menox Stamp is an ideal pedal when an extension of 4-8 in. is relevant. The quick attach/release is conducted with a finger screw.

Menox Mini Stamp

The Menox Mini Stamp provides a logical solution for individuals needing a 1-3 in extension. The ease of movement allows for the pedal to be lowered into place and tucked away when not in use.

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