President’s Address—The Joy Of What We Do!

Happy New Year to everyone! I hope you all had a good holiday with your families. 2009 was a good year for the family we call ADED. We have a newly built and strong infrastructure. Thanks go to Liz Green, our executive director, who has worked hard for each of us during the past year. ADED is in sound financial state and we have established transparent bookkeeping of our monies in and out. ADED has the monies needed to get the needed work done that the 2009 Board just approved for 2010 such as new job analysis for the certification examination and updating the ADED course offerings. We should see the new Board continuing the work of the 2009 Board under the leadership of Jim Kennedy.

I am thrilled that a number of you stepped up to the plate to run for an office or serve on a standing committee.

Some folks have contacted me indicating a desire to serve ADED in any capacity that they could be of benefit. We have tapped many of you to serve because of your dedication to “get the job done.” There is work to be done, and we should all strive to support the 2010 Board in getting the work done.

Thomas Moore in his book entitled “A Life at Work: The Joy of Discovering What You Were Born to Do” wrote:

“A calling is a deep sense that your very being is implicated in what you do. You feel that you fit into the scheme of things when you do this particular work. You have a sense of purpose and completion in the work. It defines you and gives you an essential tranquility. The work that provides such a deep reward may change over time, and you may go through several periods in your life defined by a different work. Toward the end of your lives you may see all the jobs you have done as fateful, composing your life work and answering your calling.”

I believe that each of us in ADED have answered a calling to perform this great work in the specialty field of driver rehabilitation. We are privileged to be on the journey with our many clients in their joy of discovering what they were born to do. Driving and community mobility play such an important role in the fabric of their lives, and we are now a part of their life story. What a reward we receive for all of our hard work and effort!

As we are humbled by our great reward, may we always strive for quality and competence with a continuing professional development and education. The great motivator and leader, Martin Luther King, challenged us to become our best. Two favorite quotes that he spoke were:

If you cannot be the pine on the top of the hill, then be the shrub in the valley but be the best little shrub on the side of the road.
If you cannot be a tree, then be a bush.
If you cannot be a highway, then just be the trail.
If you cannot be the sun, then just be a star.
For it isn’t by size that you win or fail, but you have to be the best of what you are!!

And the second favorite quote from Mr. King:
If God calls you to be a street sweeper, then you must sweep streets. In fact, you must sweep streets like Beethoven composed music.
Sweep streets like Shakespeare wrote poetry....
Sweep streets like Rafael painted pictures....
Sweep streets so all the hosts of heaven and earth would have to pause and say “here lived a great street sweeper that did his job well.”

(Continued on page 5)
Finally, you can travel with ease and in comfort! With the patented Freedom Seat™, your seating pathway is custom programmed to your specific mobility needs, optimizing every inch in and around the door opening — thus maximizing your feet and leg room while entering and exiting the vehicle.

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Do you want to know a secret? One of my favorite holiday gifts this year was The Beatles Rock Band. I spent many hours strumming the pseudo guitar and jamming to classic Beatles tunes, including "Hello, Goodbye". At some point I realized, what an appropriate title it was for this editor's note.

This reminds me of another cherished gift I received this year from the ADED membership, who have entrusted me with the duties of president-elect. I want to thank those of you who voted this past year. The opportunity to serve on the ADED board is an honor and I am looking forward to a productive tenure. During this transition into my new role, I hope to continue the work set in motion for our organization's collective success, all with a little help from my friends.

As I say hello to a new set of responsibilities, I have to say goodbye to something I have grown quite fond of the last four years, which is the chairman of the publications committee. When I initially volunteered to help out with something in this organization, I had no idea to what I had committed myself. Often, while managing the constant emails and phone contacts, it felt like I was working eight days a week; but, I'll be the first to admit that I gained far more from this experience than anticipated.

I would like to thank everyone who has written an article, forwarded information or contributed content for publication in the News Brake. Thank you for the feedback, both the positive and the constructive criticism. Special thanks go out to the News Brake advertisers for their support throughout the year. Our educational mission could not be fully realized without them. I want to thank the publication committee and Marti Hansell for all your help. Finally, I want to thank everyone for tolerating my incessant emails and phone calls.

I have to admit its getting better; especially since someone has expressed an interest in chairing the publication committee. Look in the next issue for our new editor of the News Brake. I feel much more at ease in saying goodbye to my editor role, knowing that I am handing it over to someone who has the necessary enthusiasm and dedication for this position.

If you are interested in helping out in a committee, please contact any of the board members. We all could use a little help here, there and everywhere. Best wishes for a happy new year,

Amy Lane, OTR/L, CDRS laneak@upmc.edu

P.S. Tom, Rex and Larry, can I make a personal request for some Beatles songs at conference this year? Don't let me down!

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AGED
The Association for Driver Rehabilitation Specialists
2425 N. Center St., #369
Hickory, North Carolina
28601
Phone: (828) 855-1623
(866) 672-9466 Toll Free in the US & Canada
Fax: (828) 855-1672

WINTER 2010 NEWSBRAKE

THE ARTICLES PUBLISHED in News Brake reflect the opinions of their authors, not the editor, the ADED organization at large, or its Board of Directors. As such, ADED neither takes a position nor assumes responsibility for the accuracy of the information or statements contained in any articles published in News Brake.

ADDITIONAL ISSUES are available by contacting the editor at 412-864-3068. News Brake is published quarterly. Articles are accepted by members and non-members of the ADED association at the discretion of the editor and as space permits.

For advertising rates, please contact Amy Lane, OTR/L, CDRS at 412-864-3068, Fax (412) 647-1322 or email to laneak@upmc.edu.
Greetings ADED members! I trust that your holidays were joyful and spent with loved ones. A New Year is upon us and with that, your 2010 ADED Board has set forth an ambitious strategy to meet our strategic plan goals. The board met in December 2009 to transition with outgoing board members, orient incoming members and update the 5-year strategic plan. The meeting was very successful and the board is excited to continue the hard work of managing the association. Some of the goals for 2010 include updating our 2-day educational ADED Courses, preparing for 2010 Annual conference and Exhibits and increasing public awareness about driver rehabilitation services. Katy Greene and Stacey Stevens are busy planning for 2010 conference and have coordinated educational courses in conjunction with February’s NMEDA conference.

**2010 BOARD MEMBERS:**
- Past President: Susan Pierce
- President: Jim Kennedy
- President Elect: Amy Lane
- Treasurer: Mary Schwartz
- Secretary: Mary Ellen Keith
- Board Member at Large: Beth Rolland
- Board Member at Large: Tommy Crumpton

Corporate Member: Tom Bonnell
Mobility Equipment Dealer Member: Rodney Wilson

Your 2010 board is excited and motivated to move the association forward and advance our education mission, but they cannot do it alone. We have openings in all our committees and I encourage each of you to consider joining a committee. This is YOUR organization and the best way to reap the benefits of membership is through active participation.

CDRS Renewals- Check your certificate! If your CDRS expired 12/31/2009, and you have not submitted a renewal, your credentials are now expired. However, it is not too late renew! CDRS renewal applications are available on the web at www.aded.net. If you require a hard copy mailed to you, please contact the ADED Executive office at: info@driver-ed.org or by telephone at: (828) 855-1623.

Membership Renewals- A huge thank you goes out to the members that have renewed their memberships for 2010. 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@driver-ed.org.

**2010 ADED Annual Conference:** Mark your calendars for 2010 Annual Conference in Kansas City, Missouri July 30-August 3, 2010. Scholarship opportunities are available through generous support from Adaptive Driving Alliance and Crescent Industries. Through the ADED Memorial Scholarship Fund, the association provides financial assistance to members for ADED Course attendance. Two courses will be offered in the days prior to conference. Do not hesitate to submit your application!

**Sincerely,**
**Liz Green,**
**Executive Director**

---

**Join A Committee Today!**

Active participation on an ADED Committee is the BEST way to achieve the results and propel ADED in the direction that benefits members, strengthens our partnerships with other associations and offers the best of service to our consumers.

**Interested?**
Please send an e-mail to info@aded.net with any questions or to join.
This past December, we held our transitional board meeting in Indianapolis combining the new and old board. I look forward to working with this fine group of volunteers. I would like to thank those who have served ADED and are leaving the board: Lori Benner, Peggy Gannon and Eva Richardville. Joining the ADED board are: Amy Lane (president-elect), Mary Schwartz (treasurer) and Beth Rolland (member at large). Returning members are Susan Pierce (past-president), Mary Ellen Keith (secretary), Tommy Crumpton (member at large), Rodney Wilson (mobility equipment dealer) and Tom Bonnell (corporate member). Liz Green continues her invaluable service to our members as executive director. Please feel free to contact ANY board member with suggestions, comments or concerns. Contact information for all is listed in this issue and is also located on the ADED website.

To introduce myself, I have been associated with driver rehabilitation for thirty years. For the past ten years I have worked at Shepherd Center in Atlanta, GA. I started in the industry as a vehicle modifier and changed to instructor as I saw a need in that area. My background in aviation was a good foundation especially for the high tech driving systems.

Since the beginning of my career I have seen the industry grow tremendously. As ADED president I want to see it grow even more. Susan Pierce has built a good foundation on which I would like to continue to build. I will continue, as Susan began, to work with other organizations associated with driver rehabilitation including AOTA, NMEDA and DSAA to name a few. I feel strongly that our organization has a lot to offer and we need to let others know who we are and what we can provide. As individual members you can assist in many ways. Talk to area support groups, attend state conferences, open up your office doors for an open house, or write an article for publication. The more the ADED name is associated driver rehabilitation, the more the organization will grow.

I served as certification chairperson for three years. I realize some of the strengths and weaknesses with our current design and recognize that change is needed. I would appreciate everyone’s input on this. If you would like to help, please contact me at james_kennedy@shepherd.org. This is your organization; help your board to make it even better. Be proud of who you are and what you do.

As we continue on our own personal journeys in this work, I encourage each of you to be the best that you can be! May we all be so good at our job that we will be remembered someday as the ADED member that “did the job well!” I believe as we think of Jerry Bouman, our dearly departed friend and leader of ADED for so many years, that we can all shout that Jerry did his job well! He was a great street sweeper and today he is the brightest star among our many lights. May we all strive to be like Jerry and carry his positive energy and passion for this work wherever the journey may take each of us!

I wish each of you a safe and prosperous year so we can continue our calling in this great field! May we turn toward the positive energy that surrounds us and avoid any negative energy that seeks to tear us down. I am grateful to have served this organization again. I am humbled by your vote of confidence in electing me to this important position. I will always continue to be a part of ADED as this family has served as my motivating energy source that I have held so dearly for 30 years!

I wish the very best to my friend, Jim Kennedy. He will serve us well but we must all remember that one person can’t do all the work. Jim needs our help and support to continue the great work that your Board of Directors has approved. So if you haven’t been contacted yet and you want to serve ADED, I encourage you to contact Jim or Liz today and put your name on a list of those willing to serve.

Thank you all from the bottom of my heart. I have thoroughly enjoyed speaking to each of you in the News Brake this year. Let’s look forward to our family reunion in 2010 in Kansas City! See you then!

With humility and sincerity,
Susan Pierce, OTR, SCDCM, CDRS
2009 ADED President

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Happy New Year!

from the ADED board

by Jim Kennedy

President’s Address (continued)

(continued from page 1)

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With humility and sincerity,
Susan Pierce, OTR, SCDCM, CDRS
2009 ADED President

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Winter 2010 NEWSBRACE 5
Meet the 2010 Board of Directors

James Kennedy, President

James Kennedy is currently employed as a CDRS at Shepherd Center. He has practiced in the field of driver rehabilitation, including training, assessment, vehicle modification and the development of adaptive driving equipment, for more than 30 years.

He has provided education and service to the end user, fellow therapists, the State Department of Motor Vehicles, funding sources, related national associations such as NMEDA, RESNA, ADED and vendors throughout this career. He is highly skilled and competent with vehicle modifications, client fitting and driver rehabilitation training and evaluation. He has trained with the DSI, EMC, Ahnafield, and Alba High Tech driving systems. He is committed to working as a team with occupational therapists, vocational rehabilitation counselors, rehabilitation engineers, vendors, physical therapists and wheelchair seating specialists, to achieve the best outcome for his clients.

Susan Pierce, Past President

Graduating in 1977 with a B.S. Degree in Occupational Therapy, Susan has more than 30 years of experience in driver rehabilitation services. She developed driver rehabilitation programs in Georgia, Louisiana and Florida before starting her own business, Adaptive Mobility Services, Inc. in 1990. In addition to providing driver evaluation and driver education services, she has provided yearly formal educational seminars since 1982 for therapists needing specialized training in the driver rehabilitation field.

Susan has been published in many professional journals and magazines. She has authored, co-authored and written chapters related to driving in professional publications.

Susan has been involved with ADED since 1979, serving on the Board for 15 years, as secretary in 1984, President in 1986-1987 and again in 1995. She was instrumental in initiating the certification program, serving on the Certification Committee for 7 years and being its chairperson for 3 years. She received charter certification as a Driver Rehabilitation Specialist in 1988. She was awarded the ADED Scholar Award in 1994. Susan was invited by the American Occupational Therapy Association in 2003-2005 to serve on an expert panel for advice on the older driver initiatives. She was given two Recognition of Achievement Awards by AOTA at the 2005 Annual Conference for “Mentor and Pioneer of Driver Rehabilitation for Disabled” and “Occupational Therapy Pioneer in Educating Therapists in Driver Rehabilitation. She received specialty certification in Driving and Community Mobility” in 2006 from the AOTA.

Amy Lane, President Elect

Amy is a Clinical Instructor in the Department of Rehabilitation Science & Technology at the University of Pittsburgh. In addition to academic and research related activities, she manages and operates the Adaptive Driving Program, a comprehensive driving rehabilitation program. She has more than 20 years of clinical experience, practicing as an Occupational Therapist in the physical rehabilitation field. Amy has presented locally, regionally and nationally on the topic of driving rehabilitation. She has written and co-written articles for various publications about the role of the driving rehabilitation specialist and the field of driving rehabilitation.

In 1999, she joined ADED and in 2000, she earned her CDRS certification. She has been actively involved in the ADED organization since 2006, holding the position of chairperson of the publications committee. This includes the responsibility as editor of the quarterly publication, the News Brake. Amy is excited about the opportunity to continue working with ADED in her new role as president-elect.

Mary Schwartz, Treasurer

Mary has worked at The Rehabilitation Institute of Kansas City since 1987 and in the capacity of driving program coordinator since 1992. Mary has presented on various driving rehabilitation topics to her local community, including the OT programs at University of Kansas and Rockhurst University, Missouri and Kansas Brain Injury Association’s Annual Conference, the Association of Rehabilitation Nurses and other senior service programs.

Mary received her CDRS in 2000 and has served on the certification committee from 2000 to 2002 and again from 2004 to 2006. She is currently the chairperson of the board development committee. Mary is also on the statewide Assistive Technology Committee for the Missouri Division of Vocational Rehabilitation.

Mary Ellen Keith, Secretary

Mary Ellen Keith is the Indiana Office Program Director and Driver Rehabilitation Specialist II at Adaptive Mobility Services, Inc. She was the Lead Driver Rehabilitation Specialist at Easter Seals Crossroads Rehabilitation Center for 8 ½ years. She is recognized by the state of Indiana to teach driving to low vision clients using a bioptic telescope. Her expertise in the field of OT bioptic driver training has quickly earned the respect and reputation of other therapists, eye care specialists, vocational rehabilitation agencies and consumers. She has assisted in the training and certification of other therapists from Indiana and other states to become bioptic instructors.
She was the vice president of the ADED Midwest chapter in 2007. She teaches a 3-day workshop in Orlando, FL for experienced OT Driver Rehabilitation Specialists on “The Evaluation and Training of the Low Vision and Biopic Driver.” She has been an invited speaker to the First and Second Annual Driving Symposium for Occupational Therapists sponsored by AOTA in collaboration with Adaptive Mobility Services, Inc. She has spoken to many professionals, OT students and consumer audiences on the topic of occupational therapy and driver rehabilitation, biopic/low vision and driving.

Executive Director, Elizabeth Green

As an Occupational Therapist since 1993, Liz has served to improve the quality of life and facilitate independence for her clients, and their families. In 1998, she took special interest in the field of Driver Rehabilitation and earned her Driver Rehabilitation Certification (CDRS) in 1999. She has been an ADED member since 1998 and served on the board of directors as Secretary from 2006-2007. She was re-elected for a second term beginning 2008, but changes in the ADED executive office offered her the opportunity to serve in a different capacity. She was interim Executive Director beginning February 2008 and transitioned to full time employment in September 2008. Using her skills as an Occupational Therapist and honing the management skills learned as a hospital department manager, Liz works to advance the quality of services ADED offers its members and improve public awareness about driver rehabilitation services.

Board Member at Large, Tommy Crumpton

Tommy Crompton has been an Occupational Therapist since 1981 after earning a Master of Occupational Therapy degree from Texas Woman’s University. He has been a Certified Driving Instructor since 1992, a member of ADED since 1992, and was in the first group to sit for and receive the CDRS certification in 1995.

Tommy works at the Baylor Institute for Rehabilitation in Dallas, Texas in the Adaptive Driving Program. He is a recurring guest lecturer at the Texas Woman’s University School of Occupational Therapy, introducing students to the field of Driver Education for the disabled population. He has made numerous presentations in both the professional and public arenas. He has been a presenter on several occasions at ADED conferences, and was on the ADED local host committee for the Annual Conferences held in Dallas in 1996 and 2007.

Tommy is entering his second year as board member at large. During his first year, he successfully initiated the ADED mentor program linking new and inexperienced conference attendees with more experienced members of the organization. He looks forward to the continuous development of this program helping our newest members feel welcome as they gain knowledge and skill.

Board Member at Large, Beth Rolland

Beth had a career as a writer, editor and professor of literature prior to graduating from Columbia’s Occupational Therapy program in 1997. Her first job as an OTR was at Kessler Institute for Rehabilitation, where she worked extensively with brain injured patients and honed skills in vision and cognitive skills before beginning to provide clinical evaluations for driving in 1998. By 2000 she was training to go behind the wheel, and in 2001 she received her CDRS. Beth now splits her time between Kessler’s Driving Program and Outpatient Rehabilitation.

Beth comes to the Board after two years as Chair of the Professional Development Committee. Her tenure there oversaw an edit of the Best Practices document as well as a project to make the website more accessible for fledgling driving specialists. Beth has also served on the Certification Committee and as secretary for the ADED Northeast Chapter. She lectures extensively about driving and vision rehab to a wide variety of populations, including students in Seton Hall’s OT program, Brain Injury and Stroke Symposiums, Older Driver Initiative Conferences, case managers, and support groups for various disabilities. She is trained to give the AMA course “Assessing and Counseling Older Drivers” along with representatives from the NJ Motor Vehicle Commission, and to present CarFit events to seniors. She has also served on advisory panels for the Motor Vehicle Commission to address issues facing older drivers.

Mobility Equipment Dealer, Rodney Wilson

Rodney began in the mobility industry in 1989. His experience in a technical college led to his interest in a career in the mobility industry. He worked initially as technician doing everything from structural modifications to high tech driving equipment, becoming certified on all manufacturers’ adaptive driving and mobility equipment. He had the opportunity to progressively undertake increased and diversified responsibilities as a technician, production manager, sales consultant, sales manager and currently as the General Manager of two locations.

Rodney understands and appreciates how our products and services can enrich people’s lives, giving them a higher quality of life. He acknowledges that our industry has come a long way, but is still in its infancy. There will be numerous changes for the better in the future and continuous growth as our population ages. To ensure future success, we will need to provide incremental training, apply common sense and ensure comprehensive communication by networking with professionals in our industry. A strong work ethic and team work is the formula for success. Rodney is excited about the future and feels privileged to be a part of the mobility industry and a member of the 2010 ADED board.
2010 Board of Directors (continued)

Corporate Member, Tom Bonnell

Tom Bonnell graduated from Ball State University and Purdue University and has been employed by Ralph Braun for over 32 years in various capacities. Presently he is the general manager of Mobility Products & Design. He has been an active member of the ADED Board of Directors since May of 2008. Tom had the desire to contribute in various ways, but felt his strengths were in presenting the business point of view and perhaps offer financial and marketing suggestions to the ADED board for consideration.

On the local level, he has served on the board of the non-profit Economic Development Commission and presently serves on the non-profit board of his local Community Foundation. He served ten years as the Manufacturer’s Representative on the State of Indiana School Bus Safety Board dealing with the safe transportation of children with disabilities. On the national level, he has served as the Manufacturer’s Representative of the then UMTA transportation committee and the work became part of the Americans with Disabilities Act of 1990.

Tom has enjoyed his time working ADED and hopes that his contributions over the past have been of use to the organization. He is delighted to continue to serve on the ADED board of directors.

Look where we’ve been mentioned...

The Chicago Sun Times article on “How old is too old to drive?” quoted ANNE HEGBERG, a senior driver rehabilitation specialist from Marianjoy Rehabilitation Center in Wheaton, Illinois. The article shared information on how the holidays may be a good time to talk to older family members about their driving. Anne provided information on common vehicle modifications for person who may need them and also suggested alternative driving strategies that may help older drivers continue to drive safely.

To see the entire article, go to www.suntimes.com/news/transportation/1950073,CST-NWS-ride21.article

LAURA JUEL, CDRS with Duke University Health System, in an op-ed to www.newsobserver.com addressed the concerns about older drivers. Laura stated “medical issues and medications have the potential to negatively influence our ability to safely carry out our daily activities, including driving. The AAA and AARP organizations have literature on warning signs for older driving safety. Ideally, conversations about driving cessation with family members and/or health care professionals should occur prior to any observed difficulties.” To see the article in its entirety, go to www.newsobserver.com/opinion/letters/story/211461.html

In the News Line for Occupational Therapists & COTAs, HOLLY ALEXANDER, OTR/L, CDRS and Director of Fox Rehabilitation Driving Program was interviewed. Holly was discussed her many roles in the field of driving rehabilitation. She was quoted as saying “I feel the best part of being a CDRS is helping the older driver stay on the road as long as possible. Driving is a part of community mobility, which is such a huge part of what occupational therapists do. My skills as an OT come in handy frequently when performing evaluations on visual perception and cognition.” Go to www.new-line.com for the entire interview.

RICH NEAD, CDRS and manager of the driving rehab program at Kessler Institute in West Orange, NJ was quoted in the article “Taking the Keys”, about senior driving safety. Rich listed indications on when it’s time to talk with your parents about their driving. He went on to explain ways of getting help, including use of physicians, simple adaptations and modifications due to declining abilities, driving safety courses, and the CarFit program.

The full article can be accessed at www.northjersey.com/news/health/68164612.html

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The Association for Driver Rehabilitation Specialists

**Strategic Plan 2010-2015**

**MISSION STATEMENT:**
ADED the Association for Driver Rehabilitation Specialists is devoted primarily to the support of professionals working in the field of driver education and transportation equipment modification for persons with disabilities. The Association provides key components of education and information dissemination.

ADED’s functional services will be accomplished through educational conferences, professional development programs, research support, legislative efforts, and encouraging equipment development to maximize transportation options for persons with disabilities.

**Strategic Plan Elements:**
- Primary Source of education in the Field of Driver Rehabilitation
- Clear, Compelling public Image
- Fiscal and Operational Excellence
- Expanded collaboration for success: “Theme of Community”

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**PRIMARY SOURCE OF EDUCATION IN THE FIELD OF DRIVER REHABILITATION:**

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<td>Up to date ADED course offerings</td>
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<td>Well-prepared, diverse workforce</td>
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**CLEAR, COMPELLING PUBLIC IMAGE:**

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<td>Design a long range plan for annual conferences</td>
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<td>Update Certification Program</td>
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<td>Promote the benefits of CDRS to the public</td>
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<td>Use current and available technology to reach out to</td>
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**FISCAL AND OPERATIONAL EXCELLENCE:**

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<td>Investigate other revenue streams</td>
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<td>Board, Budget committee</td>
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<td>Identify grant funding opportunities</td>
<td>Executive Director, Board of Directors</td>
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<td>Update Bylaws</td>
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**EXPANDED COLLABORATION FOR SUCCESS: “THEME OF COMMUNITY”**

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Collected shorts and stories from the recent automotive industry, as compiled by Mark Lore, President of Ride-Away Handicap Equipment Corporation

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WERE YOU BORN A BAD DRIVER?

In a study that was published recently in the journal, Cerebral Cortex, researchers found that bad driving may in part be genetically predisposed, or that people may have a genetic link to bad driving. Dr. Steven Cramer, from the University of CA at Irvine and the senior author of the study, said that people with a particular gene variant performed more than 20% worse on a driving test, than people without this same gene variant. Then a follow-up test a few days later yielded similar results showing that these people with the gene variant also had more trouble retaining what they learned. Previous studies have shown that in people with the gene variant, a smaller portion of the brain is stimulated when doing a task than those with the normal gene. The driving task was taken by 29 people, 22 without the gene variant and 7 with it. They were asked to drive 15 laps on a simulator that required them to learn the nuances of a track programed with difficult turns and curves. Researchers then recorded how well they stayed on the course over time. Four days later, the test was repeated. The results showed that the people with the gene variant did worse on both tests than the other participants, and they remembered less the second time. A test to determine whether someone has the gene variant currently is not commercially available.

Source: UC Irvine Today News 10/09

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MORE WOMEN DRINKING AND DRIVING!

At an August 19th event kicking off a nationwide anti-drunk driving enforcement campaign, Transportation Secretary Ray LaHood, released a new study by the National Highway Traffic Safety Administration (NHTSA) that shows an increasing trend among women driving under the influence of alcohol. The new analysis is based on an increase in the number of alcohol impaired female drivers involved in fatal crashes in 2008, compared to the 2007 statistics. LaHood pointed to statistics from the FBI showing that arrests for women driving under the influence increased by 28.8% over the 10 year period of 1998 to 2007. Over that same decade, DUI arrests for men decreased by 7.5%, although the total number of men arrested during that period outnumbered women by a factor of 4 to 1. The NHTSA study confirmed the FBI statistics showing that impaired driving by women is becoming a national safety issue. According to the NHTSA analysis, the number of impaired women drivers involved in fatal crashes increased in 10 states and remained flat in 5 states. This was despite an overall decline of 9% in all drunk driver crashes in 2008 from 2007. Overall about 2,000 fatalities a year involve an impaired female driver. The nationwide anti-drunk driving enforcement campaign targets drivers in the last weeks of summer, before and during the Labor Day holiday weekend. This annual crackdown is intended to reduce the tragic toll caused by impaired drivers where there were nearly 12,000 fatalities in 2008.

Source: Automotive Fleet 9/2009

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ANTI-LOCK BRAKE SYSTEMS REDUCE CRASHES BY 6% TO 8%

Anti-lock brake systems (ABS) have failed to cut the cumulative incidences of fatal crashes, but have reduced the overall crash rate of passenger cars by 6% and light trucks by 8%, according to a new report released by NHTSA (National Highway Transportation Safety Administration). According to the report ABS have almost no net effect on fatal crash involvements, while run off the road crashes have significantly increased. However, there have been large reductions in collisions involving pedestrians and collisions with other vehicles on wet roads. ABS does appear to be very effective in non fatal crashes, reducing the overall crash involvement rate by 6% in passenger cars and 8% in light trucks which include pickups, SUVs and vans. In a few years, all new vehicles will be equipped with Electronic Stability Control (ESC) and will almost certainly also be equipped with ABS. The report noted that the combination of ESC and ABS will prevent a large proportion of fatal and nonfatal crashes. The report also went on to explain that the fundamental safety problem addressed by four wheel ABS is that in an emergency situation, the average driver brakes too hard, locking the wheels, which causes the vehicle to lose directional control. If the front wheels lock, the vehicle will continue in a straight path, but the driver will be unable to steer it. If the rear wheels lock, the vehicle can spin out of control. ABS senses if any of the four wheels are about to lock and if so, it quickly releases the brakes on that wheel. Cycles of releasing, holding and reapplying the brakes are repeated many times per second. So long as the driver maintains a firm pressure on the brake pedal, ABS automatically provides optimum braking force short of lock up. ABS enables the driver to steer while braking, prevents yawing due to rear wheel lockup, and on many surfaces reduces stopping distances relative to a skidding vehicle. Federal Motor Vehicle Safety Standard (FMVSS) #126 will require that all new passenger vehicles be equipped with ESC after September 1, 2011.

Source: Automotive Fleet 9/2009

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CARS ARE NOT GENDER NEUTRAL

A new study in the battle of the sexes took a look at which cars are bought by which sex. The study shows that men and women tend to agree on what they look for in a vehicle. A market research firm, Strategic Vision, tracked demographic data in its new vehicle experience study. It surveyed over 130,000 new vehicle buyers to quantify which sex bought what car and why. Company spokesman, Alexander Edwards said that when it comes to the core qualities an automobile should have, men and women tend to have similar expectations. Edwards goes on to say that it's a misconception that men and women are looking for something dramatically different. In the study, the top three desirable vehicle traits for both sexes were: functionality, capability and accommodation. However, since most modern vehicles possess these basic traits, men and women start disagreeing when it comes to a vehicle's personality. Men are looking for vehicles that are "aggressive" and "powerful", whereas, women are more interested in "smart", "protective" and "cute" autos. It is worth mentioning that there are two ways to track buying patterns for men versus women. One way is by volume (the total numbers of cars sold to men or women) and the other is by index (regardless of volume, which vehicles were bought disproportionately by men or women as expressed by a deviation from the mean). From that data, Strategic Vision picked the top five women's cars versus the top five vehicles men cannot live without.

Women
1. 2009 Volkswagen Beetle
2. 2009 Honda Civic
3. 2010 Toyota Prius
4. 2009 Mitsubishi Eclipse

NewsBRAKE Winter 2010
2009 Chrysler PT Cruiser Convertible

1. 2009 Chevrolet Silverado Pickup Truck
2. 2009 BMW M6
3. 2009 Dodge Viper
4. 2009 GMC Savanna G2500 Cargo Van
5. 2009 ZR1 Corvette

Source: msnautos.com 12/09

GREAT DRIVING TIPS FOR PEOPLE WITHOUT NIGHT VISION

For all drivers it is more difficult to see what is ahead at night, compared to the day. Since the end of daylight savings time generally means more nighttime hours behind the wheel, I thought this was a good time to revisit some driving tips on how to improve visibility when driving at night.

1. Use your high beams whenever there are no on-coming vehicles. An exception to this would be when fog or other inclement weather would make the low beams more useful.

2. Properly adjusted high beams let you see twice as far as low beams. It is very important to use them on unfamiliar roads, in construction areas, or where there may be people on the side of the road.

3. Dim your lights whenever you come within 500 feet of an oncoming vehicle and also when you are following another vehicle within 200 feet.

4. Slow down and use low beams in fog, snow, or heavy rain. The light from high beams will reflect back and cause glare during these conditions.

5. If the lights of an oncoming vehicle remain on their high beam, dim your lights and look towards the right side of the road. This will keep you from being blinded by the oncoming vehicles' headlights. Never try to get back at the other driver by keeping your bright lights on.

Source: Automotive Fleet Magazine 12/09

DRIVE A GOLF BALL TO GET THE BEST FUEL ECONOMY

The Discovery Channel's science television show "Myth Busters", which by its name sake sets out to bust common myths and urban legends, recently conducted several experiments to answer questions on fuel efficiency. In a recent episode, the show's scientists set out to discover whether a dirty car runs as efficiently as a clean one. The scientists began by rigging a special cage to a non-descript sedan and measuring fuel usage to the ounce. To get a uniformly dirty car, the myth busters used a pressurized sprayer to coat the car in a specialized blend of dirt and water. The aero-dynamic clean car did in fact appear to run more efficiently than the dirty version. Completing the answer to that question, the scientists then proceeded to expand the experiment to full scale level by encapsulating the car with 750 lbs of clay and then carving out 300 golf dimples, creating a golf ball like surface. The expected fuel efficiency was based on the demonstrated aero-dynamics of a dimpled golf ball. After proving that golf balls with dimples, travel much further than a plain ball of the same size with a smooth surface, the team wanted to see if this theory would also hold true with a vehicle. Believe it or not, cutting out golf sized holes in the clay exterior of the vehicle, resulted in an 11% increase in fuel efficiency. "Perhaps this is a trend that will rival hybrids for people who are zealous..."
about saving money on fuel".

Source: Automotive Fleet Magazine 12/09

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ANOTHER SET OF DRIVING TIPS FOR HANDLING SKIDS

This is the time of the year when drivers are more likely to deal with the unsettling issue of a vehicle skidding. Below are a few tips and techniques on how to regain control of your vehicle when a loss of traction occurs and the vehicle begins to skid.

If your vehicle begins to skid:

1. Release the brake or accelerator, if you are skidding in a straight line and have to use the brakes, do not brake hard. This will only lock your wheels and make the skid worse. You should pump the brakes gently unless your vehicle is equipped with Anti-Lock Brakes. In this instance, you should apply steady pressure. Your brakes will work the best and stop quicker if they are not locked up.

2. If you begin to skid sideways, you need to turn the wheel in the direction that the back of the vehicle is skidding. This will allow the front of the vehicle to line up with the back.

3. As soon as the vehicle begins to straighten out, turn the wheel back to prevent the vehicle from skidding in the opposite direction.

4. Continue to correct your steering from left to right, until you recover completely from the skid. The most important vehicle control to use during a skid is the steering wheel.

Source: Automotive Fleet Magazine 12/09

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WATCH OUT FOR THAT ANIMAL

Animal-vehicle collisions have increased 110% in the United States during the past 18 years, according to a new report from the University of Michigan Transportation Research Institute (UMTRI). UMTRI researchers examined daily and seasonal animal vehicle crash trends and the interaction of vehicle speed and ambient light to find out what factors influence crash risk. According to the report, there were 106 traffic fatalities in the United States resulting from animal vehicle collisions in 1990. By 2007, that level had risen to 223.

Texas, Wisconsin, Pennsylvania, Ohio and Michigan are the leading states in absolute numbers of fatal animal vehicle collisions. While the exact reason for the increase is unclear, it does seem to exceed what would be expected from increases in annual vehicle miles driven or changes in the balance of rural versus urban driving, said John M. Sullivan, a UMTRI assistant research scientist.

According to the report, about 77% of animal vehicle collisions involve deer. In Michigan, most animal vehicle collisions occur in October and November, coinciding with the mating season of the White Tail Deer population. The highest collision risk occurs around dawn and dusk when the deer are active and the ambient light levels are low. Using data from the Fatality Analysis Reporting System (FARS), researchers analyzed the influence of posted speed limits and the odds of a fatal animal vehicle collisions in darkness. The results were clear, for every mile per hour increase in speed there was an increase in the odds of a fatal crash occurring in the darkness of about 2.5%. The take home for drivers is clear and straightforward: slow down in low light situations. The difference between a fatal and a non-fatal crash is often a matter of impact force, explained Sullivan. Slowing down on the roadways around dawn and dusk when the deer are most active is one of the most important actions drivers can take to avoid a fatal collision, even if the collision itself is unavoidable.

Source: Automotive Fleet Magazine 12/09

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AIRBAGS OR SEATBELTS - HOW ABOUT BOTH IN ONE?

According to Ford Motor Company, they will introduce inflatable rear seatbelts on...
"The Buzz" (continued)

the next generation Ford Explorer, which goes into production next year for the North American market. Over time, Ford plans to offer this technology in vehicles globally. The automotive inflatable seatbelts combine attributes of traditional seatbelts and airbags to provide an added level of crash safety protection for rear seat occupants. According to Ford, the advanced restraint system is designed to help reduce neck, head, and chest injuries for rear seat passengers, and will deploy over a vehicle occupants torso and shoulder in 40 milliseconds in the event of a crash. Vehicle safety sensors determine the severity of the collision in the blink of an eye and deploy the belt's inflatable airbags. Each belt's tubular air bag inflates with cold compressed gas, which flows through a specially designed buckle from a cylinder housed below the rear seat. The inflatable belt's accordion folded bag then breaks through the belt fabric as it fills with air, expanding sideways across the occupant's body. This happens in about the same amount of time it takes a car, traveling at highway speed, to cover the distance of 1 yard. The use of cold compressed gas, instead of a heat generating chemical reaction — which is typical of traditional airbag systems — means that the inflated belts feel no warmer on the wearer's body than the ambient temperature. The inflatable belts also fill at a lower pressure and a slower rate than traditional airbags because the device does not need to close a gap between the belt and the occupant. The inflated belt helps distribute crash force energy across five times more of the occupant's torso than a traditional belt. This expands its range of protection and reduces risk of injury by defusing crash pressure over a much larger area, while providing additional support to the head and neck. After deployment, the belt remains inflated for several seconds before dispersing its air through pores in the airbag.

Source: Automotive Fleet Magazine 11109

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HOW NOT TO GET BACK AT YOUR BOSS

According to the Los Angeles Times, engineers who hacked into the Los Angeles traffic control system, caused gridlock throughout that city's already horrendous traffic. Traffic engineers Gabriel Murillo and Kartik Patel were involved in a labor dispute with the city back in 2006. As part of a protest, they apparently decided that it would be a good idea to make drivers' lives even more frustrating than normal by creating additional gridlock at certain major intersections. Despite the city's efforts to block access during the strike, the two managed to hack into the city's traffic control system and alter the timing of several stoplights. According to the Los Angeles Times, "the engineers programmed the signals so that red lights, for several days, starting in August, would be extremely long on the most congested approaches to the intersections, causing gridlock. Cars backed up at Los Angeles International Airport, key intersection in Studio City, accesses onto the clogged Glendale Freeway, and throughout the streets of Little Tokyo and the LA Civic Center area." Sources told the LA Times that no accidents occurred as a result of the hackers actions. In addition to being sentenced to two years probation each, as a part of their plea agreement, they also agreed to pay $6,250 in restitution and complete 240 hours of community service.

Source: Automotive Fleet Magazine 12109

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ANOTHER CASE OF ROAD RAGE

In Los Angeles, a physician was accused of deliberately injuring two bicyclists by slamming on his cars brakes in November of 2009. Dr. Christopher Thompson, an emergency room doctor, who had worked for more than two decades at the Beverly Hospital in Montebello, CA, was convicted of mayhem, assault with a deadly weapon, battery with serious injury, and reckless driving causing injuries, the Los Angeles Times reported. When he is sentenced in December, he will face up to ten years in prison. Prosecutors alleged that on July 4, 2008, on a stretch of Mandeville Canyon Road in Brentwood, CA, Thompson stopped his car after passing two cyclists and shouted at them to ride single file. The cyclists testified that they had begun maneuvering to start riding single file when they saw Thompson's car speed up, pass them dangerously close and then brake abruptly. One of the cyclists was thrown face first into the rear windshield of the doctor's car. He broke his front teeth, nose and suffered facial lacerations. The other cyclist was thrown to the sidewalk and suffered a separated shoulder. A police officer testified that Thompson told him shortly after the accident that the cyclists had cursed at him, so he slammed on his brakes to "teach them a lesson". Thompson however changed his story in court and testified that he never intended to hurt the cyclists and that he stopped his car to take a photo of them, believing he had left enough room for them. Thompson said he and a number of residents in the area were disturbed by what they viewed as unsafe behavior by cyclists regularly riding that particular road. The trial placed a spotlight on how tensions can build up between motorists and bicyclists sharing the road, not just in Los Angeles, but across the country. In many states, bicyclists are legally entitled to use the full lane just like any other vehicle operator.

Source: Automotive Fleet Magazine 11109

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WANT TO RETURN YOUR CAR? CHECK THIS LIST OF REASONS

You've heard every possible reason and excuse for why people want to return things, but Leasetrader.com works with people who lease vehicles rather than buying them. Recently they put together the top ten most common reasons that people give when they fall out of love with their vehicle and want to return it. The top five excuses on this list make up 65% of all the reasons offered for returning a vehicle.

1. Divorce or Marriage Breakup
2. Death
3. Bad Health
4. Relocation
5. Military Deployment
6. Loss of Employment
7. Gas Prices
8. Dissatisfaction with the Vehicle
9. Disability
10. Divorce or Marriage Breakup

Further down the list at #19, which was social pressure, people bought a vehicle that their friends did not like and actually had the nerve to call the leasing company and use that excuse to try and return it.

Source: National Independent Auto Dealers Association 11109

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PEDAL TO THE MEDAL

The National Highway Traffic Safety Administration (NHTSA) has released some new details about the fatal car crash that triggered Toyota's recall of 3.8 million Toyota and Lexus vehicles. The accident, which killed off duty California Highway Patrol Officer Mark Saylor and 3 members of his family, took place on Highway 125 in suburban San Diego when the Lexus they were traveling in, reportedly accelerated out of control. Saylor was driving a 2009 Lexus ES 350, a loaner from a car dealership, who was servicing his own car. The report of the accident shows that the lower edge of the
"The Buzz" (continued)

accelerator pedal was bonded to the rubber floor mat and that the rubber floor mat moved in such a way so as to peg the accelerator pedal down to the floor. This tragic incident brings to light a fear that all of us have had at one time or another; namely what to do if the throttle on your automobile sticks wide open. Toyota produced a list of steps to take in the event that your accelerator pedal does stick wide open.

1. Attempt to pull back the floor mat to see if that is the cause.
2. Firmly and steadily step on the brake pedal with both feet. Do not pump the brake pedal repeatedly since this will increase the effort required to slow the vehicle down.
3. Shift the transmission gear selector to the neutral position and use the brakes to make a controlled stop.
4. If unable to put the vehicle in neutral, turn the key to the accessory position in the ignition. This will not cause a loss of steering or brake control but the power assist to the steering and brakes will be lost. Do not remove the key from the ignition as this will lock the steering wheel.
5. If the vehicle is equipped with an engine start/stop button, firmly and steadily push the button for at least 3 seconds to turn off the engine. Do not tap the engine start/stop button.

Source: Automotive Fleet Magazine 12/09

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CELL PHONE TALKING AND TEXTING WHILE DRIVING STATISTICS

1. Talking on a cell phone while driving causes nearly 25% of car accidents.
2. 1/5 of experienced adult drivers in the US send text messages while driving.
3. A study of dangerous behavior released in January 2007 found that 19% of those surveyed said that they texted messages while driving.
4. A study conducted by the Insurance Institute for Highway Safety found that drivers that use cell phones are 4 times more likely to be involved in crashes serious enough to injure themselves.
5. 84% of cell phone users say they believe that using a cell phone while driving increases the risk of being in an accident.
6. A majority of Americans believe that talking on the phone and texting are two of the most dangerous behaviors that occur while behind the wheel, yet 81% admit to making phone calls while driving.
7. Texting while driving causes a 400% increase in time spent with eyes off the road.

Source: Automotive Fleet Magazine 10/09

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What's Happening at Your Place?

MobilityExpo Continues To Grow

MobilityExpo 2009 was hosted on October 15th by MobilityWorks' Pittsburgh, PA branch. The annual event is not a sale. Rather, it is a day of service to the disabled community, providing a rare opportunity for attendees to see exhibits featuring home modification companies, DME distributors, adaptive driving equipment, vehicle modification manufacturer's, advocacy groups and funding agencies all in one place at the same time. Exhibitors included local, regional and national companies and organizations.

The venue opens at 11:00 AM and runs until 8:00 PM each year. A beef barbecue is provided all day and many door prizes are given away. This year, door prizes included a lift-up chair, a scooter and many great electronic gifts as well as a wealth of gift cards for various stores.

The event took on a Western theme this year, and many exhibitors donned their cowboy hats and boots to join in the fun. MobilityWorks even brought 'Bugs' the horse in for the show, so guests could get their picture taken with him while enjoying feeding him his favorite cookies.

Additionally, there was a special guest at the Expo this year. Four time Superbowl champion and member of the all time Steelers team Jon Kolb made a celebrity appearance to sign autographs. The Keystone Paralyzed Veterans all remember watching Jon Kolb play left tackle next to Mike Webster, after getting drafted along with Mean Joe Greene in 1969. They also enjoyed getting a picture taken with him for their "brag book."

"This really is a unique event," said Alexander, "Where else can the clients we serve see so much and talk to so many advocates and manufacturers in one place? It's a lot of work to pull it together, but it is also the happiest day of our work year. We love doing it for the community and the clients seem to love it too. This year we had almost 300 visitors come to see the exhibits...and it's all free!"

Alexander stated that plans for MobilityExpo 2010 are already underway and the date has been set for October 14, 2010.

Future ADED Conference Sites

2010 Kansas City, MO
2011 Jacksonville, FL
2012 Kansas City, MO

On December 9, 2009, James Monroe of Veigel Automotive demonstrated a wide variety of hand controllers to the instructors of Drivers Rehabilitation Center of Michigan. From left are: James, Laura Miller, Alan Hagerman, Lesia Hagerman, Gayle Agar, and Cheryl Demea.

14 NewsBrake Winter 2010
Ask the Experts—EYE ELLIPSE

By Amy Brzuz, OTR/L, CDRS

Those who know me best know I am a rule follower. I want to do things the right way and I want to do them well. This carries over into my work life as well. But in the field of driver rehabilitation, it is sometimes difficult to find those “black and white” rules to follow. Our field is relatively new when we look at the world’s professions. So research into our methods is still blooming. Sometimes when I am looking for guidelines to follow or information to back up my actions and methods, I run into a wall. I find myself searching through old conference binders, continuing education notes or the online bulletin board. And luckily, I now know enough certified driving rehabilitation specialists (CDRSs) that I can usually get a hold of one of them to bug with my questions!

Now, I’m sure I’m not the only one looking for reasons for the things we do or answers to common questions. So when I was asked to write an “ask the expert” type of column, I thought it was a fantastic idea! This column can be another way that we can question our methods and find answers to common problems. I thought we could start with a topic that always stumped me…eye ellipse.

I’m sure that those “veteran” CDRSs have this topic down. But there are many “newbies”, I included, who could use more information on this topic. I planned to ask three individuals for each column. Three “EXPERTS”: a vehicle manufacturer, a vehicle modifier and a CDRS. For this topic, I got answers from two out of three; not bad for the first column!

The question was: “How do you determine the correct eye ellipse for wheelchair drivers in mini vans and full size vans?” I know how to measure the eye ellipse on the end user when they are seated in their wheelchair. But, I have difficulty finding the black and white eye ellipse “magic number” for mini vans and full size vans. The vans are ever changing their dimensions, which is great forward progress, but this makes it difficult to keep up.

I posed my question to Ted Larson, Vantage Mobility International (VMI) V.P. of Operations, who replied, “Great question and a difficult one to answer. The difficulty comes with trying to satisfy more than one population. We have to balance our designs to accommodate both end users in wheelchairs and end users without disabilities. We typically do not focus on the eye ellipse since it represents the 95thile and would be too restrictive in our market. In our designs, we focus on maintaining as much of the original vehicle seat positions and H point as possible with able bodied users in mind. Our goal is to ensure that all safety restraints function as designed for the occupant”.

“When it comes to users in chairs, it is always an attempt to provide them with as much space as possible. This means overall headroom, clearance below overhead consoles as well as additional width to be able to sit centered behind the steering wheel while in a variety of chairs. Our approach is to lean toward giving more vertical space than less. It is easier to space a person higher than it is to accommodate a taller person in a shorter vertical space. Ultimately, we rely on focus groups earlier in our development process to bring users in to evaluate our products and to make sure they satisfy as large a population as possible. Many engineering changes have resulted from this process.”

Rick Shaffer, CDRS answered with a chart: The chart had the eye number for mini vans and full size vans.

“So, after asking the experts, I have learned that there is no black and white answer! I hope this doesn’t happen in every issue, because I thrive on rules and procedures. The vehicle manufacturer gave me their perspective on how they incorporate eye ellipse into their vehicle designs. They really don’t treat it as important as other measurements; they are just trying to give us as much room as possible for our wheelchair seated drivers. It is our job to ensure they are positioned appropriately regarding their vision. The CDRS provided me with a great chart, but it didn’t have newer vehicles. I found some of my notes from a continuing education course that listed the eye ellipse as being a range between 47” to 53” in mini vans and 43”-47” for a full size van. That was consistent with the chart measurements from the CDRS even though it didn’t include all current models.

I think one of the reasons it is so difficult to find the “correct answer” is that the vehicles have changed greatly in the last few years. It seems to me that the best answer is to use the above range as a guide, but to always get your client into a van to ensure that they will be able to have a good vision line when seated in the driver position. Maybe my current method of “eyeing it up” wasn’t so far off!

I am hoping that this column will generate more questions and more answers! If anyone has insight to the “eye ellipse mystery” please contact me and I will post an update in the next column.
A note from the
CERTIFICATION COMMITTEE CHAIR

The certification committee is working through another renewal cycle with candidates that are being audited. These are 15% of all renewals, any late renewals from November to December, and those candidates that are over a year late. It appears to be a less painful process this year, but some applicants are still attempting to renew with courses that have not been approved, or do not have proof of attendance for the courses listed on the renewal application.

Please remember that all courses must be approved for ADED contact hours unless attended at one of the entities listed on the ADED web site. On the web site, are course listings that guarantee automatic approval of ADED contact hours. Even if attended at one of the entities listed for automatic approval, the course must relate to the field of driver rehabilitation.

Contrary to popular opinion, an attended course provided by a hospital, facility, state or territorial occupational therapy, physical therapy or other professional organization, does not get automatic approval for ADED contact hours. Only those entities listed on the ADED web site that are automatically approved can be considered. The course must be relevant to the field of driver rehabilitation. If you have questions please contact one of the certification committee members. The certification committee makes the final decision on whether each individual course is approved or denied. You want to know this ahead of time and not when you are applying to renew.

Another point to consider is the objectives for the course in which an applicant is applying. When written by the presenter, it may not obviously be related to the field of driver rehabilitation. In these cases, the applicant should write their own objectives or broaden the presenter’s objectives so that it relates to the field of driver rehabilitation. The applicant needs to clearly indicate how this specific course and its content will be useful to the applicant’s work in driver rehabilitation.

Courses approved in the past do not guarantee that it is currently approved or will be in the future. When a course for contact hours is applied for by an attendee, it is only good for that one date or course length. If a course is applied for by the presenter, the presenter can present that course as many times as they would like for one year and give credit for the course to attendees. However, the course and presenters must remain the same for the entire year; if the course curriculum changes or a presenter is sick, and a substitute is used, the revised course presentation and/or presenter must apply for ADED contact hours.

There is more important information to remember when renewing CDRS credentials: all courses must have been approved for contact hours before the applicant applies to renew his CDRS credentials. Contact hours cannot be applied for after the CDRS renewal application is sent in as per ADED Policies.

A friendly reminder to all: go check this minute and see when your CDRS credentials need renewed, so that you can make arrangements to get the necessary contact hours needed and you can plan accordingly. This way you are not scrambling in the last few months trying to find educational courses for use in renewing.

Other happenings, the certification committee is busy working on numerous other things presently such as the review/approval of educational courses. When a course has been approved it can be found on the ADED website under the “CDRS- Re- Certification Policies- Approved Courses” tab in blue column to the left of the web page.

The certification committee will soon be working with AMP on reviewing the upcoming CDRS examination for validity and writing new test material. Several changes to certification policies are being considered at this time to present to the ADED board, which if accepted and changed will be relayed to the members via email as well as a notification in the News Brake.

Also of note, a new job analysis needs to be completed with AMP to be sure that the description of what a CDRS is and does continues to be accurate. This will be taking place over the next 9 to 18 months. Meeting dates and times as well as personnel have not been chosen to date.

If you have any questions for the certification committee please contact any of the members or me at (717) 531-7105 or via email at rshafer@psu.edu.

Rick Shaffer, CDRS
Chairman, Certification Committee

Congratulations from the Certification Committee

The Certification Committee would like to congratulate the 12 newest CDRSs having successfully completed the Certification Exam in August 2009. They are:

Allison Devor
Sheri F. Hentz
Thomas William Hoffman
Steven Eugene Ice
Todd Patrick Keanan
Dana Marie Moore
Laura Lynn Noblitt
Theresa M. Prudencio
Mark Russell
Marc Samuels
Andrea Dawn Vrobel
Stephanie Colter Wood

A reminder to the new CDRSs that your certification period starts January 1, 2010 and runs through December 31, 2012. During this three year period you will need to complete 30 hours of continuing education to renew your certification in late 2012. You can find approved courses on the ADED web site or submit for courses that you attend that directly relate to the field of driver rehabilitation.

If you have any questions or concerns for the Certification Committee please contact any of the members or me at (717) 531-7105 or at rshafer@psu.edu. I will do my best to respond in a timely fashion.

Rick Shaffer, CDRS
Chairman, Certification Committee
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Awards of appreciation were given to these board members by ADED President Susan Pierce, in recognition of their service to ADED.

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Reports to the Past-President and Executive Director
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- Review professional development needs of the Associations members
- Develop and implements plans for course development
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2010 Chair: Jenny Nordine—1st term ends 12/2011

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- Editor of ADED newsletter
- Editor of other ADED publications such as fact sheets, membership resource guide etc.
- Receives reviews and disseminates articles, publications related to the Associations Activities.
2010 Chair: POSITION OPEN

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Reports to President-Elect and Executive Director
- Develop slate of candidates for elective office and open committee positions
- Coordinate elections
- Solicit nominations and present candidates to the board for ADED Awards Program
2010 Chair: POSITION OPEN

Certification Committee
Reports to the President and Executive Director
- Reviews, updates and conducts CDRS Examination
- Solicits membership and others for CDRS and conducts CDRS renewal program
- Reviews CDRS Renewal Policies & Procedures
2010 Chair: Rick Shaffer —2nd term ends 12/2011

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- Develops and coordinates public relations activities including ADED conference advertising, exhibits at related conferences
- Review and updates contents of the Membership Resource Manual
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- Initiates and coordinates membership renewal activities.
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- board member at large
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Michael Taylor

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Chairperson (1st term ends 12/11)-
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Mary Schwartz
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Sue Henderson

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Chairperson (1st term ends 12/11)-position open
Staci Frazier
Lori Benner
Dan Basore

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Eva Richardville, CDRS (health related)
Lynne Mason (allied health)
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Richard Nead (driver education)

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Gayle Ager
(Needs 1-3 other members)

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Winter 2010
Standardizing the RT-2S Brake Reaction Time Tester

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Greenville, NC 27858
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Fax: 252-744-6198
dickersona@ecu.edu

In a recent survey of driving rehabilitation specialists, 46% of the evaluators used brake reaction testing with all of their clients and 32% considered it one of their “top five assessment tools” (Dickerson, 2009). Although brake reaction time alone will not conclusively predict whether a driver is fit to drive, it gives valuable information when conducting a comprehensive driving evaluation. As with any assessment tool, the critical factor to a good assessment tool is to have strong reliability and validity.

Brake reaction time is typically defined as the start of the initial stimulus to the time an individual fully depresses the brake pedal. Although occurring within a second or two, several processes are involved. The first component is the mental processing time, the time it takes for the individual to perceive that a signal has occurred and to decide upon a response. The second factor is the time it takes the individual’s muscles to perform the appropriate action to engage the brake. The final component is the device response time. This is the time it takes the physical device to perform its response. Actual reaction time usually refers to only the mental processing time; however, most studies combine mental processing and movement time when they refer to the brake reaction time because of the difficulty in separating the process (Green, 2000). Simple brake reaction time is considered to be one response to one stimulus while choice reaction time is when an individual has to make a choice between two or more stimuli and possibly respond with one or more reactions (Pellerito, 2006).

After analyzing numerous studies on brake reaction time, Green (2000) concluded that the best driver response is about 0.70 to 0.75 seconds with 0.2 seconds being the movement time. The normal brake reaction time in an expected situation is about 1.25 seconds. In reality, when watching someone actually perform behind the wheel, it is the awareness of something occurring in the complex driving environment that can significantly increase the brake reaction time. Thus, a simple brake reaction timer may measure some slowing of the mental processing, but more likely it is measuring the physical response time since the directions to the person being tested is to watch and react when the red light turns green. Thus, it is critical to recognize exactly what you are measuring and its limitation when extrapolated to the external environment. However, regardless of the limitation, the information from a simple brake reaction timer can give the driving evaluator information. More importantly, especially for the older adult driver being evaluated, the client understands the necessity of a brake reaction tester and if his or her reaction is slow, can understand and appreciate the implications, as opposed to implications of paper and pencil tests. In other words, the brake reaction timer has face validity for clients.

Mihal and Barrett (1976) found a relationship between choice reaction time increase and crashes while more recent studies have shown that reaction time was useful in determining suitable times to return to driving for individuals after orthopedic surgery on the lower extremity (Hau, Csongvay, & Bartlett, 2000; Nguyen, Han, & Bartlett, 2000; Wright, Hall, Patterson, & O’Dwyer, 1999). In an analysis of an older driver evaluation program, Kantor (2004) suggested that people with cognitive impairments and poor reaction time were at risk for unsafe driving based on a significant effect between the mini mental status examination and reaction time. However, most researchers and driving evaluators agree that correlations between reaction time and crashes are weak. Nevertheless, motor behavior does slow with age and brake reaction rates increase with age (Green, 2000; Summala, 2000). On average, older drivers have been found to respond from 0.1 to 0.3 seconds slower than younger drivers (Green, 2000). Because many studies conducted on brake reaction times were completed in the early 1990s or earlier (Green, 2000) and the aging population is constantly changing, new studies on the differences in the brake reaction times of the old and young populations is important.

![Figure 1](image1.png)
**Figure 1.** Scatterplot of brake reaction time by age.

![Figure 2](image2.png)
**Figure 2.** Average brake reaction time by age groups.
RT-2S Brake Reaction Time Tester

In many driving centers, brake reaction time is measured by the blue box, a brake reaction timer manufactured by the American Automobile Association (AAA). The blue box continues to be used with individuals across the lifespan and with a wide range of disabilities as part of the comprehensive driving evaluation. The AAA brake reaction timer is no longer being manufactured or supported so there is a need for a new timer. Furthermore, questions have been raised considering the validity of the AAA norms. For example, in a study with women who were recreational athletes (Gotlin, et al., 2000), the researchers reported the women did not reach the 50th percentile of the AAA norms in either the control group or the group that recovered surgically. This paper will summarize the results of studies whose purpose was to examine the reliability and validity of the RT-2S and determine if it is an appropriate replacement for the blue box. For all three studies, participants were recruited from eastern United States during community health fairs and science or campus events. The participants’ ages spanned from 15 to the over 90 years old and participants’ data would only be used if the participant reported their health as “good.” Results were grouped similarly as the AAA norms (35 & under, 36-55, 56-65, 66 & up) or more specific with the younger age groups divided (20 years or less, 21-25 years). The RT-2S Simple Brake Reaction Time Tester was used in all studies and the traditional AAA Time Tester, along with the norms, were used in specific studies.

The RT-2S Tester and AAA Timer are alike in structure as they are both have brake accelerator pedals and have stop clocks with a digital display that enables the researcher to measure reaction time efficiently. The AAA Timer has a buzzer that sounds if there is an invalid test, meaning the brake pedal is depressed before the red light illuminates or the accelerator and brake pedals are depressed at the same time. The RT-2S Brake Reaction Time Tester does not have this feature. The AAA device was designed to automatically give three practice trials and ten test runs, which is then divided by ten for the average brake reaction time. With the RT-2S Simple Reaction Timer, the tester controls the device to allow any number of trials and gets individual readings for each trial. The RT-2S lights are much larger and it can be placed on its side so the red light is above the green light, as in a regular traffic control device.

All participants sat in the same standard, immobile chair with the foot pedal module on the ground in front of their feet. Each brake tester were placed on a table directly in front of subjects within easy viewing distance and the participant was asked to adjust his or her chair in relation to the foot pedal module to ensure he or she was able to reach the foot pedal module easily and comfortably, as if they were in their car. All subjects were given specific, consistent directions throughout all trials in the studies.

STUDY 1: COMPARISON OF RT-2S AND THE AAA NORMS

A correlational research design was used to compare the times of different age groups of participants measured on the RT-2S against the published norms of the AAA Timer (see Dickerson, Reistetter, Parnell, Robinson, Stone, & Whitley, 2008 for details). There were 396 participants with the majority female (n=272) with diversity of race (white = 296, African-American = 65, other=35). Race/ethnicity variation was not significant between the two groups and the age difference by gender was non-significant. Figures 1 and 2 depict a scatter plot distribution and histogram of participants average brake reaction times by age and gender. Age groupings are the same as with the AAA normative data. Instrument reliability for the RT-2S was examined using a test-retest correlation method across all three trials, resulting in significant correlations from 0.717 to 0.732 (p < 0.01). There is a significant difference in gender, with men having a faster average brake reaction time by 0.062 seconds (t = 3.952, p < 0.01). Figure 3 shows a gender comparison of the average brake reaction times across the three trials. There was also a significant difference between younger (age ≤ 55 years: mean BRT = .463) and older (age ≥ 56 years: mean BRT = .545) drivers (t = 5.677, p ≤ .001).

Overall, the average of the brake reaction time collected using the RT-2S was slower than the average of the reaction times in the AAA norms. Several potential reasons may account for this result. The environment used for testing in the AAA study may have been more controlled with the subjects during the years of 1983 through 1985. This study also had a smaller sample size. The geographical region of participants in the AAA study is unknown and differences in the geographical areas of participants could be an additional factor in the slower average brake reaction times of participants. In this study, each participant had three trials, while the AAA study provided participants with ten trials. It is possible that participants’ brake reaction times decreased with more trials suggesting that the three trials may not be adequate to reasonably test for brake reaction time. There may have been

<table>
<thead>
<tr>
<th>AGE</th>
<th>N</th>
<th>RT-2S MEAN(SD)</th>
<th>AAA MEAN(SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>35 &amp; UNDER</td>
<td>84</td>
<td>.499 (.07)</td>
<td>.428 (.05)</td>
</tr>
<tr>
<td>36 TO 55</td>
<td>73</td>
<td>.515 (.19)</td>
<td>.450 (.10)</td>
</tr>
<tr>
<td>56 TO 65</td>
<td>21</td>
<td>.538 (.15)</td>
<td>.499 (.16)</td>
</tr>
<tr>
<td>66 &amp; UP</td>
<td>43</td>
<td>.592 (.22)</td>
<td>.565 (.20)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>221</td>
<td>.526 (.16)</td>
<td>.469 (.13)</td>
</tr>
</tbody>
</table>

TABLE 1: Comparison of Brake Reaction Times between AAA and RT-2S

FIGURE 3. Average brake reaction times across trials by gender.

TABLE 1: Comparison of Brake Reaction Times between AAA and RT-2S

Winter 2010

NEWSBRAKE
a learning effect for participants, and more trials may be necessary for the participants to completely understand how the instrument works. Alternatively, the RT-2S may be a more accurate reflection of an individual’s simple brake reaction time. This is supported by the Gottlin et al. (2000) study. Their results challenged the AAA norms as the women who had right anterior cruciate ligament reconstruction, improved over six weeks to equal the control group in brake reaction time. However, even after 6 weeks, neither the control nor subjects in the study reached the 50th percentile of the AAA norms. Because participants reported themselves as being “recreational athletes,” it does raise the question of the validity of the AAA norms, particularly for women. Since the RT-2S times were overall slower than the AAA blue box, the female subjects in Gottlin’s study would have been at least in the 50th percentile or more. Thus, it may be that the RT-2S more accurately reflects simple reaction times.

STUDY 2: PARTICIPANTS’ REACTION TIMES ON RT-2S AND AAA TESTERS

The purpose of this study was to examine the correlation in brake reaction times by age and gender between the two reaction timers. In this study, 221 participants (66 males, 155 females) were tested on both brake reaction timers randomly assigned to either one done first (Bourgeois, Dickerson, & Reistetter, 2008). Each participant had three practice trials and 10 trials were completed for an average of his or her brake reaction time. Results showed there was a significant correlation between the two reaction timers (R=.71, p=.01), that is they both are measuring the same thing. Results also illustrated a significant difference between the age groups with both, although the AAA showed differences between all age groups, whereas the RT-2S had only differences between 35 years and under and 66 years and up. Table I illustrates the mean brake reaction divided by age groups. The interesting finding in this study was the confirmation of the first study, that the brake reaction times of the RT-2S are slower than the AAA tester. We would argue that the RT-2S is more accurate because it is electronically controlled rather than mechanically controlled. Specifically, the participant is cued with the light and mechanical click of the machine to when the red light changes to green.

STUDY 3: TEST – RETEST RELIABILITY

The purpose of this third study was to examine the test-retest reliability of the RT-2S. In this study, 119 participants were tested on the RT-2S and then repeated the testing three to 14 days later using the same procedures. Results of this study confirmed the test/retest reliability at with a significant correlation of 0.871 (p<0.01) (Brake, Mann, Hernandez, Dickerson, & Reistetter, 2009). The implication is that the RT-2S Simple Brake Reaction Timer maintains reliability and validity over time. As with the previous studies, results demonstrated differences between age groups. The “over 66 years” was significantly different from the 21 to 35 years of age (p=.003) and significantly different from the 36 to 55 years of age (p=.005). Figures 4 and 5 illustrate the relationships between the two tests for the participants under the age of 55 and over the age of 56. The increased variability is clearly evident on Figure 5, as the data points are not as closely aligned with the correlation line as in Figure 4. The implication is that as you age, your testing variability increases and an individual may show better results on one day versus another day.

DISCUSSION

All three of these studies support the use of the RT-2S Simple Brake Reaction Timer as an appropriate replacement for the AAA “Blue Box” Brake Reaction Timer. The RT-2S shows consistent performance across time and supports research that reaction times slow and become more variable with increasing age. As Olson (2007) discusses, in any given situation, the human factor is characterized by great variability and during the driving context of the real world, situations vary significantly so that it impossible to assign a single number or even a range of numbers to the perception-response time in the context of driving. Clearly, simple reaction timer cannot be the only or even large factor in the decision, but when evaluating drivers, particularly older adults, having a simple reaction timer with valid simple reaction time norms, gives another piece of information that the driving evaluator can use.
use for determining whether an individual is safe to operate a motor vehicle. If a simple brake reaction tool is used, then appropriate validity and reliability studies must support its use.

CONCLUSION

The RT-2S Simple Reaction Time Tester is an appropriate replacement instrument for the AAA Reaction Timer and may more accurately reflect simple reaction times than the AAA blue box. The availability of this instrument will allow driving evaluators to continue to assess the safety of older drivers or drivers who have physical or mental impairments. On-going studies are underway to expand the numbers of subjects and develop a valid list of standardized norms for age groups that can be used by driving evaluators for sharing with the public and other stakeholders.

REFERENCES


Nor-Cal Vans Introduces Mobility Conversion for Ford Transit Connect

The Nor-Cal Vans Adaptive Mobility Conversion on the all-new Ford Transit Connect offers both agility and versatility.

The size of the Transit Connect makes it an agile vehicle, able to move in and out of tight spaces with street-smart maneuverability. The Transit Connect offers the feel of a car with the cargo room of a van. This sweet combination makes it the ideal choice for wheelchair transportation, either commercial or private. The high fuel economy (22 mpg city/25 mpg highway) is also a much-desired benefit.

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For more information on the all new Nor-Cal Vans Mobility Conversion on the Ford Transit Connect, please call 866-892-0150 or visit www.ncvtransitconnect.com.

<table>
<thead>
<tr>
<th>Overall Van Height</th>
<th>80&quot;</th>
</tr>
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<tbody>
<tr>
<td>Overall Vehicle Length</td>
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<tr>
<td>Wheel Base</td>
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<td>Door Opening Height at Ramp (Rear Barn)</td>
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<td>Door Opening Width (Rear Barn)</td>
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<td>Estimated Miles per Gallon (Hwy)</td>
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<tr>
<td>Gross Vehicle Weight Rating</td>
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<tr>
<td>Est. Available Payload Capacity (Without Wheelchair or Passengers)</td>
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</tbody>
</table>
BECAUSE OF THE STRUCTURE we provide during a road evaluation we may not fully assess executive function skills of high functioning brain injured patients. These patients are typically doing well in all aspects of their daily living. Their driving goals are unlimited such that they would drive across the country, work for a delivery company or drive to an unfamiliar location. The structure I refer to is our instructions regarding where to turn, what direction to turn, and what store parking lot to turn into. The structured road evaluation is not the best way to assess executive function skills. Executive function skills such as impulse control, judgment, searching, planning and sequencing skills can appear intact with a structured on-road evaluation. The best way to assess executive function skills is to omit structure and permit the patient to make decisions regarding route planning on their own. A technique we often rely on is to provide a patient with specific route directions; for example: “turn onto route 25 south and exit onto route 112 west”. This does assess executive function skills, but may not challenge the skills at a level to elicit a possible deficit.

Towards the end of my road evaluation I will depart from structure. I utilize a 4 lane road in high density business traffic; however more lanes are acceptable for this activity. I stop at a gas station on the road and ask the individual to drive to each gas station they see on both the right and left side of the road in the order that they are located, as we continue our drive west on this road. I explain to the driver that they can make all necessary decisions—for example:

- Which exit/entrance to enter and exit
- They can elect to avoid a left turn across the road and turn right and find a place to turn around to continue going the direction we are traveling
- I also explain that they can use traffic lights to their advantage when entering and exiting the gas station at an intersection.

THIS ACTIVITY REQUIRES the driver to scan to the right and left sides of the road searching for gas stations while monitoring the traffic conditions and signals around them. It forces their search to be discriminatory of other signs and buildings. The patient has to search for the entrance and exit they want to use. They also have to search in a timely manner as where to turn. Some of the gas stations are located at intersections that have traffic lights. Patients with impulsive tendencies sometimes select the most dangerous exit out of a gas station simply because it was the first one they saw as opposed to going a little further in the parking lot and taking advantage of the traffic light.

PATIENTS WITH impulsive tendencies or poor judgment may find the volume of traffic difficult to manage when making a left turn. They may enter into an intersection before the road-way is clear. I typically see them scan left and right searching for a gap in traffic. After a while when no gap has opened they will find a gap in the traffic coming from the left enter into the 1st lane of traffic and then check the conditions to the right. A patient with good judgment and no difficulty with impulse control will either elect to turn right and find a safe place to turn around to avoid the heavy volume of traffic or wait patiently until they have a clear gap in traffic from both directions.

Patients with executive function deficits may locate the gas station and then remain focused only on the gas station and omit critical steps such as making a visual check before a lane change or waiting for a safe gap in traffic. A patient with intact skills will locate the gas station, make a safe lane change or omit the move because of limited time to safely act.

AS DRIVERS, we don’t typically surf down the road to each gas station, but we conduct elements of this task in routine driving. I recently returned from Fort Meyers, Florida where I was helping my 78-year young Mom settle into her new condo. I accompanied her as she drove a rental car looking for patio furniture. She drove along a 10 lane road, searching for furniture stores and ultimately performed this same activity as we ventured to eight stores. No, this was not a test for my Mom; it was a real life driving task. Have you ever traveled looking for a type of restaurant or looked for a bank in order to locate an ATM? If you are traveling to an unfamiliar store in your local area, that you located on-line or through the yellow pages you are also searching, sequencing and making decisions regarding the best entrance and exit.

Sometimes I continue with training for individuals that may have difficulty with some aspect of this activity. I change the search to other categories, such as restaurants, banks, car dealerships and doctor’s offices, depending on what is available on the roadway.

IN SUMMARY, after an individual has proved they can drive a structured route, move to an unstructured route before you make a final decision to clear them to drive. Otherwise you may be missing something vital that would impact their ability to drive safely in a routine driving task.
Not Your Wife's Minivan!

Introducing the Transit Connect

Lynn Hedrick, CDRS

The 2010 Ford Transit Connect is a timely new option for consumers and for driving evaluators! To quote one reviewer, “The Connect has the same territory as the old-as-nails Econoline Van but manages the same job in a smaller, lighter friendlier way.” And I would add, in a head-turning way!

This vehicle kept popping up as an advertisement on my desktop computer while I was doing my early morning accounting, so I had to go down to Camelback Ford in Phoenix and see it. One drive and I was hooked on the XLT Wagon model!

This vehicle has been in Germany for about three years and is currently made in Turkey. It finally made its debut this summer in the United States. It’s affordable. The XLT Wagon model is $23K which has three mid seats in a 60/40 split and one or all of them can be removed for side entry wheelchair users. The standard rear doors open to 180 degrees or further to 255 degrees, as an option. As a four horsepower with plenty of giddy-up, it gets 22 miles per gallon and turns and parallel parks like a sedan. Height is not a problem as it easily parks in home garages and clearance is also good for driving into underground parking garages without having to hold your breath, wondering if it will clear. A Nokia Bluetooth is an option for the XLT Wagon. Engine block heater is also an option. The power equipment group (standard for XLT Wagon) includes power windows, power locks and mirrors, heated outside mirrors and 2 key fobs. The key is very European, much like an old hotel key.

It is a simple vehicle but what is wonderful about it is that it has multiple uses for people with disabilities. The driver needs to be able to transfer into this vehicle, unless the vehicle has been converted with a lowered floor which is currently being implemented as a rear entry by Nor Cal Mobility and is being assessed as a potential by Freedom Motors. The Transit Connect even has an in dash Microsoft computer option with touch screen and portable printer for evaluators providing services on the road.

Together, with David Aitchison, owner of Dignified Motor and Dignified Living in Phoenix, we have adapted this vehicle for use as my driving evaluator vehicle. David’s expertise as well as an engineering background, substantiated very early that this vehicle’s structure would hold the weight of wheelchair and a lift. After all, it was designed to be a commercial vehicle. Camelback Ford also had David adapt two vehicles for their showroom, one as a passenger and one as a driver. Their salesmen and owners are very sensitive with their own personal family experiences and have done a wonderful job responding to our population’s needs.

We installed a rear Harmar platform lift for stowing our client’s chair. Harmar has customized their lift for a rear entry, as they see this as a positive investment for this vehicle for the future. This makes it easy to stow a power or rigid chair once the client transfers into the vehicle. The dual side sliding doors will also accommodate a side entry lift for a power or rigid chair once the mid seats are removed. Transfer height is easy and possible with the Adapt Solutions XL-Seat motorized transfer devices that were installed both on the driver’s side and the passenger sides of the vehicle. There are no issues with height in this vehicle.

With the touch of a button, we modified the steering to feature low or zero effort using technology from DriveMaster. Sure Grip was generous enough to support this effort by holding a workshop in Phoenix for introduction and installation of a Push Rock and Push Pull hand controls with their new lockout features on the Transit Connect. It was a clean, easy install without having to cut the dashboard! The tilt and telescoping wheel did not have to be altered with the hand control installation, which is another great advantage to other installations or brands. The vehicle will also have a left foot gas pedal; however, the model has yet to be determined.

The wagon model has back passenger windows which help make lane changes easier. Other features like remote start and reverse sensing system are options for the XLT Wagon model.

We are trying out a Canadian-made gas and brake cable instructor brake model. First impressions are good with added comfort knowing we can accelerate out of a bad situation. The installation of this device was not difficult.

The cons of the Transit Connect are that there is no power to the sliding doors and no rear AC, but this can be added atop the vehicle as per Dave’s. David and the rest of the crew at Dignified are working on a power sliding door retrofit. You will have to add power to the driver’s seat and the side door at an additional cost, as this is not a standard in this vehicle.

The vehicle only comes in black, silver, red and of course, white! The seats only come in fabric and are somewhat narrow but not an issue unless the driver is morbidly obese.

Being a taller vehicle, heavy winds could be an issue but we have not experienced that problem. Additional rear space internal panels can be added aftermarket for cosmetic appeal and sound proofing. Cruise control and power door locks features are standard only on the XLT wagon or van models which is my recommendation of purchase anyway.

Do people like it? Yep! I had had people pull over in neighborhoods to read the rear name information as well as have them stop me in parking lots. It is selling to our population and one of Dave’s clients is even considering buying one to stow and use for his three sport chairs. My clients love the ease of transfer, the affordability and the easy drive and comfort. It’s definitely a solid, eye turner driving down the roadway. It’s definitely not your soccer mother’s minivan!

If you have additional questions, please contact:
Lynn Hedrick, CDRS, 602-840-2323
David Aitchison at Dignified Motors at 1-877-344-6686
"THERE’S NO PLACE LIKE HOME:
Providing On-Site Driver Rehabilitation Services"

Paul Schmidt, OTR, CDRS

Many facilities provide driver rehabilitation services from a central location, to which clients come to undergo driver evaluation and training. Some companies, though, including my own, provide services on-site at the client’s home, a practice that creates some difficulties, but can also have many benefits. For many years, I worked with driving programs that were based in rehabilitation centers, but for the past 8 years my practice has been set up in a way that I provide virtually all services at the client’s home, and the surrounding areas. It is something that I have come to embrace, and feel that in many ways, the benefits of on-site driver rehabilitation services outweigh the disadvantages.

I AM FORTUNATE to live in Milwaukee, a sufficiently large metropolitan area, and provide services throughout southeast Wisconsin, home to the vast majority of the state’s population. My work sometimes takes me 150 miles away, or more, but rarely. Most of the client’s I see live within 100 miles from Milwaukee, and the vast majority of my work is within 50 miles from home. While trip fees cover the costs of travel, as well as reimbursement for time spent, the farther away the client, the less efficient it is to provide services, from both a logistical and economic standpoint. It can be particularly difficult to provide extended training to those who live far away, as the cost of travel can exceed the cost of services. This can be mitigated somewhat by doing longer training sessions, or combining multiple clients in a trip, but generally it becomes less practical to do extended training with those that live more than 40-50 miles away. Fortunately, I live in a part of the state where there is plenty of business within a reasonable distance.

One drawback to providing on-site driver rehab services is not using established evaluation or training routes, a common practice in centrally located programs, that allows for increased predictability, more structured driving situations, and better ability to compare performance between clients. When doing evaluation or training in the client’s home area, one can be confronted with unpredictable traffic environments, and an effort must be made to find an appropriate variety of driving situations to effectively assess the client’s driving abilities. Most of the time, this can be done without too much difficulty, but in some cases, such as a client who lives in a rural area, it might require driving quite a distance to get to an area with a sufficient variety of traffic situations.

ON THE OTHER HAND, providing driver rehab services at clients’ home offers some distinct advantages:

1) It is a great convenience for the clients, many of whom are not driving, and may have difficult access to transportation. Offering services where they live greatly reduces the number of cancellations due to transportation problems, and provides for increased flexibility in scheduling.

2) For many clients, particularly older drivers, driving in their own environment allows the evaluator to assess the client’s ability to go to and from the places they typically drive to, in terms of path finding and negotiating the types of traffic environments they typically encounter.

3) Seeing clients in their home environment can offer some interesting insights into their psycho-social milieu (from the sublime to the horrendous), their ability to get out of the home to their vehicle (I often allow a client to use their own vehicle, if I’m comfortable doing so based on my assessment of the situation), and can provide a comfortable setting for debriefing when the evaluation is completed.

Another downside to providing driver rehab services on the road is not having the capacity for extensive equipment for pre-driver screening purposes. Providing on-site service means having everything you need for clinical assessment and on-road evaluation and training in your car. The only real piece of screening equipment I have is an OPTEC vision tester, seat belted in the back seat. In addition to standard physical and mobility assessment, as appropriate, the other screening items I use include Trailmaking A & B, Short Blessed Test, and MVPT-3, all easily transported with minimal space required.

I WORK WITH a wide variety of clients, from age 16 to 90+, many of which do not require adaptive equipment for driving. For those that do need adaptations, I can assess their needs, and in very little time, equip my vehicle as needed. Everything I need for evaluation and training is in the trunk of my car, including the following:

1) Multiple seat and back cushions (2 standard wheelchair cushions; 2 foam wedge cushions, 1” and 3” height (useful because they can raise sitting height, without raising knee height, a nice product is Spine-Aign Wedge from kareproducts.com); curved thoraco-lumbar cushion; a couple small pillows for adding depth behind and/or to provide asymmetrical support)

2) Torso support belt (MEC evaluator belt, with Velcro attachment)

3) Seat belt extension (essential for the occasional large client)

4) Wide-angle mirrors (I usually use Medium Auxiliary Mirrors from Hercules JRP, www.safedriving.com, as they are very easy to attach, and do not cover any of the existing outside mirror; I also have Smart View mirrors, and a panoramic mirror that covers the inside rear view mirror)

5) Right-side turn signal cross-over lever (I use MPD, leave the bracket attached, and add the lever when needed)

6) Spinner knob switch console (I have a demo console, Mini-Touch from Access Unlimited, not wired in, but available for trial with switches-I rarely prescribe one, but it occasionally fits the need for some clients)

7) Steering devices (spinner knobs (MPD and Sure Grip, as different size and shape can work better for different clients, and the Sure Grip bracket is very easy to attach, for trying different locations, or for temporary trial in a client’s vehicle), single-pin (not used often, but very useful to have for some clients, who have less grip strength, or cannot pronate forearm); bi-pin (rarely used); tri-pin (for quad, of course, but also good for some amputees with hook terminal device, and it recently worked very well for a client with only two digits, who couldn’t grip wheel very well, nor any other steering devices); amputee ring (although I find that tri-pin usually works better)

8) Left foot accelerator pedal, quick-release, with pedal guard (despite the recent controversy surrounding this device, I feel it is a great solution for some clients (the (continued on page 32)
Overcoming a Fear of Driving

By Ronn W. Langford

First, let me convey that my objective within the limited space of this article is to hopefully give a more complete understanding of the 'Cause and Effect' of this critically important issue, together with what I believe to be the most effective strategies. My objective is not to attempt to thoroughly cover the issue, but to give a better perspective. Over the last 30 years, I have worked with hundreds of drivers who have been involved in serious crashes, including the highest level race drivers, teens who have been drivers in crashes in which friends have been killed and injured, and adults of all ages. I have also worked with other athletes, (as an example) World Cup soccer players who have experienced a serious knee injury, and even after surgery and rehab, still have the fear of making a "cut" that puts pressure on the knee. This fear is a debilitating and limiting condition, and it is particularly important because in our culture, driving a car is so important to our quality of life.

A DRIVING PHOBIA, or fear of driving, is an extremely individual issue. That is, a specific event that results in Post Traumatic Stress Disorder (PTSD) impacts people in very different ways and degree of intensity. This is why a general strategy of what to do is not often successful. A typical strategy might be to tell someone that they just need to forget about it! Or they just need to get back up on the ‘horse’. Or that it’s “all in their mind”. (That usually helps a lot – right?)

“All in your mind” in our culture means that it is not real. However, this fear is very real. This kind of situation IS in your mind, which is exactly where it should be. It’s not in your toes! And it is “in your mind” because that is the way we are built.

Each situation is individualistic - specific to the person, their personal perspective, their prior programming – and the representation of what a traumatic experience may mean to their mind. As an example, I worked with a young woman a few years ago who was not even involved in an incident in which a local attorney, while riding a bicycle on the side of a street, was run over by a senior driver and killed. She was driving the car behind the incident, and observed what had happened. Afterward, this being such a traumatic emotional event for her, she believed that she was focusing upon anything happening along the side of the street. She was afraid that she would have a tendency to focus on a bicycle rider or a pedestrian and do the same thing. This young lady understood her problem. So let’s discuss what should be our first objective – to understand the individual, and what that experience represents to them – to their mind.

We have developed a functional model that we use to better understand this process, and therefore what potential strategies we may choose to use. We are attempting to identify and work on the CAUSE of the problem. We just might be able to identify a solution to the “cause”; but there is never a solution for the “effect”. If you are working with a person who has a fear of driving, I would strongly suggest that you try to give them a basic understanding of this model. It is very helpful in giving them an understanding of the process they are going through and why, and this will increase the potential for success.

THE PERFORMANCE MODEL - Information goes into the brain, which we can look at as a biological-computer. We get that information from our various sensory inputs (visual, kinesthetic, auditory), as well as our thoughts, focus, primary attention vs. divided attention, multi-tasking, etc. And the quality of this (sensory) input is critically important to function. (i.e., GIGO, but also, if higher quality information is going into the computer, the output is higher quality.)

The brain processes that information, just like a computer does, based upon its software.

If you bought a new computer, took it home, plugged it in, turned it on ... what would it do? Absolutely nothing. Why? Because it has no software. There is nothing in the computer to process any information. The hardware may be great, but it won’t do anything if there is no software!

Let’s say that you download some software into the computer ... some word processing software. So now, what will it do? It will do some “word processing functions”, but it won’t do a spreadsheet function. Why? Because there is no software for organizing an integrated spreadsheet. So now, if you download some software for processing a spreadsheet function, it will set up a spreadsheet. IF ... IF ... the operator knows how to run or negotiate through or organize the software.

SO WHAT DO WE typically try to do? After a traumatic crash (we don’t call them ‘accidents’), telling a person to “be careful”, or to “take easy”, does not work. In the future, at the time of a crisis, how do you think they are going to respond? They absolutely DO NOT have the programming to respond to the situation at the subconscious level – i.e., automatically, without thinking about it.

Within the base function of the brain, as a part of the autonomic system (i.e., the programming we are born with), is a filtering system referred to as the Reticular Activating System (R.A.S. system). Reticulate means to distribute by networking. Basically, like an irrigation system in a field that distributes water within a controlled networking system.

THE PROGRAMMING of the RAS system is the result of our experiences, especially the psychological effects of our more traumatic experiences. When information comes into the brain, and the RAS system notes that this is something very important (i.e., threatening), it sends that information directly to the mainframe of the brain to be dealt with. (“Hey! Wake up! This almost killed us before!” This is why it is referred to as PTSD.)

The net result can be an absolute disintegration of brain function, panic to the point of freeze, contracted muscles, focus upon the problem (rather than solution), holding the breath, etc. All the great systems of the body – visual spatial awareness and tracking, vestibular and proprioceptive systems, etc., will be impacted and often severely limited, at a time when they need to function at the highest level. The result is an inability to even respond to a crisis situation! The solution to this “problem” is not just a matter of “talking about it”. Even a very logical conscious state does not... (continued on page 34)
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There's No Place Like Home (continued from page 29)

only low-tech solution for some), and with proper evaluation and training, a safe and viable product.

9) Extended pedals (I have clamp-on 3" extensions from Safety Industries, which are adequate, but not great- I'm considering looking at others; for longer extensions, I have the Menox Stamp, which is a very nice design, that can be adjusted from about 6" to 15", with a built-in adjustable foot platform- the quick-release design allows easy set-up for evaluation and training, and is very nice for client vehicles, to allow easy removal when necessary)

10) Hand controls- I currently have 5 hand controls, 3 left side, 2 right side, that can all be installed in 2-5 minutes, with a couple of tools, that I keep in the glove compartment. This makes it very easy to try multiple controls during an evaluation or training session if desired, and allows me to easily remove the controls when I see a client who does not need adaptive equipment. Each control has it's pros and cons, and some are used more frequently, but I have found each one to fulfill a need with someone {Sure Grip push-rock; MPD push-right-angle; Wells-Engberg rotary; Menox (right side) push-pull; Veigel Classic (right side) push-lift}

11) Of course, like many OT's, I keep a ready supply of duct tape and Velcro (they just come in handy at times), as well as all the tools I need for installing or adjusting controls.

THE ABOVE EQUIPMENT allows me to evaluate and train clients with a wide variety of physical challenges. While I have worked extensively with vans in the past, including high tech evaluation and training, since starting my own solo practice, I decided to start with a sedan, see where that took me, and look into obtaining a van at a later date. As it turns out, I have been kept so busy, and have found the simplified life of one person, one vehicle, to be so satisfying that I'm not sure whether I will get a van or not.

DESPITE NOT HAVING A VAN, I have been able to help many individuals who ultimately become van drivers, through careful initial assessment, collaboration with mobility dealers and past clients, and follow-up training in the client's vehicle. I will only do this if I determine that the individual can use the type of equipment that I have in my sedan (i.e. not high tech controls), that I can get them into my vehicle for evaluation and training, and that seating and positioning concerns are such that driving in my vehicle will not be significantly different than doing so in their van. If I cannot accommodate them, I refer them to an appropriate facility with a van and/or high-tech driving equipment. I will not prescribe a van for someone until they have been able to try out the type of vehicle being considered, usually with my consultation, in terms of entry/exit, maneuvering inside the vehicle, and positioning in the driver area. This is done with mobility equipment dealers and/or previous clients, of which I have gathered an extensive list with different types of vehicle set-ups. The final step is follow-up training in the client's vehicle, to assure that all is working well for them, and to prepare for independent driving. Using this approach, I have helped many individuals become successful van drivers, and have yet to have one not work out as planned.

Overall, I have found working out of my home, and providing driver rehabilitation services on-site, to be a very workable, and rewarding practice. Of course, having a home office has its advantages and disadvantages. It's great not having to drive into the "office" every morning, my schedule is very flexible, and when I'm doing paperwork, phone calls, etc., I'm in the comfort of my home. On the other hand, there can be distractions at home, and you can never leave your work at the office. I work more hours than I used to, but due to the flexibility and independence that I have, it doesn't seem that way. Another side benefit of doing on-site service has been learning a lot about the surrounding countryside and communities in the region. Also, because I spend a lot of time traveling to and from my clients, I always have a book on tape, borrowed from my local library. I have found this a great way to pass the time on the road, and have listened to well over 200 hundred books since I began doing on-site driver rehabilitation. For all the pros and cons of on-site service, I wouldn't trade it for anything.

Overcoming a Fear of Driving (continued from page 30)

communcate with the subconscious mind.

So, how do we as human beings get our software (the neuron patterning)? How do we create new software? The most effective way is through experiential learning. We learn most effectively by doing... by and as a result of what we experience. Functional learning is programming, not just memorizing information.

IN OUR MASTERDRIVE program, we create an opportunity in a controlled environment (our driving range) for a new, intense experience - to increase the psychomotor skills of car control, how to execute a crash avoidance maneuver, how to handle a slick road condition, or whatever specific conditions may have existed in this traumatic experience for this person. These skills of car control (dynamic control, skid recovery, crisis braking maneuvers, etc.) are developed as the result of many repetitions of a specific "drill for skill". As these skills are developed to a higher and higher level, a person's state of mind gains more confidence in their ability to handle a crisis situation, which will help to defeat the "old fear programming" from the prior experience. Just putting a person in a car and driving around town does not (typically) make the intense changes in programming needed to overcome the phobia.

As a result of this process, we have literally observed people make major changes in their personal confidence, their identity, their self-esteem, their overall perception of themselves. Not just in regard to driving, but in regard to their overall life skills. The driving is just a metaphor for other issues in regard to their psychology. We have found that in an effective process, they can make major changes in a very short period of time - often in only a few hours.
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25th ANNIVERSARY
Collect Up To 16 ADED Contact Hours at the NMEDA 2010 Conference

There has never been a better NMEDA Conference for an ADED member to attend. In fact a special effort has been made this year to increase the workshops and value for all of our Associate and Professional members. It's almost like having two conferences, in parallel, running at the same time. One that addresses the needs of NMEDA Dealers and Manufactures and one that addresses the need of CDRS', therapists, counselors and other professionals.

In addition to the ADED pre-conference meeting, Associate members will have activities of interest planned for all three days of the NMEDA Conference starting on Wednesday, February 10, with the Professional Member Series, Parts 1, 2, & 3. The focus of the presentation will be on the problem solving sequence and the close collaboration between CDRS, the vendor and the client.

On the second day, NMEDA will present its Comprehensive Automotive Mobility Solutions for Healthcare Professionals Class designed specifically for occupational therapists, physical therapists and other healthcare professionals. Attendance of this class is worth 7 ADED contact hours and it also has the advantage of offering CEU’s from AOTA (.65) and the CA, NV, and OR chapters of the APTA (6.5). On Friday, February 12, in addition to a second Key Note speaker, Lisa Ford, two key workshops of interest for CDRS’ on Wheelchair Restraint Positioning and Tie-Downs will be offered.

Needless to say, the NMEDA Conference Committee has made a real effort to put together a meaningful program specifically targeted toward our Associate Membership. Also, for those of you who may have a problem getting travel funds approved because the destination is in Reno, NV, (considered by some to be a party destination), NMEDA has designed a 3-fold, no-nonsense, all business brochure that can be submitted along with your travel request. All current NMEDA members should have received one in the mail along with our more traditional conference brochure, but if not, contact our office and we will get one right out to you. Because you work with people with disabilities, the Annual NMEDA Conference should not be missed.

If you are looking for contact hours to maintain your CDRS status, the 2010 NMEDA Annual Conference represents a strong opportunity which could save you time and money in the long run. The chart below outlines the number of contact hours (CEU’s) available by activity.

You won’t want to miss this opportunity to meet with industry and government leaders to review and discuss issues that affect you directly, as well as stay abreast of the latest new product developments. NMEDA values its relationship with all of the Associate Membership and is always looking for viable opportunities to support ADED in maintaining and growing the CDRS program.

For more information about the 2010 Annual NMEDA Conference go to our website at www.nmeda.org or call us at (800) 833-0427.

How I spent My Summer Vacation

By John Holcomb, C.D.R.S

No, this isn’t a seventh grade school paper, but it is my story of Summer 2009. I’ve been doing driver rehabilitation for twelve years, and I’ve been a CDRS since the Washington D.C. ADED Conference of 2003. Even though I’ve been helping people with disabilities every working day, I sometimes forget how much time and effort my clients have spent in their rehab prior to my seeing them. Many of them have spent months in rehab hospitals, and some have taken years before they would dare to dream of driving again. I will never again overlook their efforts after living through this past summer.

At the end of May, I was stricken with Guillain-Barré Syndrome, one of those rare conditions that few have heard of, and fewer still have seen in their professional association. The onset of my symptoms was so rapid that I went from being a healthy fifty-eight year old to being a quadriplegic on a respirator in six days. I spent a month and a half in intensive care before being transferred to Spaulding Rehabilitation Hospital, in Boston, one of the finest of it’s kind in the world. During my time in intensive care, the only thing I could move was my neck, or blink my eyes, thereby cutting me off from normal communication. I had only the ability to nod or shake my head while somebody pointed to letters on an alphabet chart. I was also dealing with a severe level of pain, which was a constant part of my life throughout my ordeal. Medication did not help with some types of nerve pain, so I had to learn to live with it. I told myself that there was no real basis for the pain, and that no damage was happening to my body, so I found that I could ignore the pain. The pain changed during the rehab process, and slowly faded out over time.

Once I was at Spaulding, they gradually weaned me off of the respirator, allowing me to speak. The rest of my rehab was a gradual return of function to various parts of my body while dealing with my changing pain, followed by a course of therapies to strengthen and retrain them to work normally again. One at a time, I regained the use of my arms, my hands, my knees, my thighs, and right now I’m working to get my feet back. I had to be trained to use a transfer sliding board, and I quickly learned how hard it could be, especially if my slide was uphill. I had to retrain my legs to be able to walk again, and I’ll never forget what an effort it was to prepare my legs first, and how much exhaustive walking I had to do to continue the strengthening process. As I write this, it is mid-September, and I have been at Spaulding for over two months. As I think ahead to my return to work, I can anticipate sharing stories with future clients about the rehabilitation process. While I was often complimented about my ability to empathize with my clients in the past, it is clear that I will be even more so in the future.

NewsBrake

Winter 2010
Brackets change. We're changing too.

With the continuous changes in wheelchair design, we understand the importance of having a current selection of wheelchair brackets. Q'Straint works directly with wheelchair manufacturers weekly to offer an up to date list of available brackets. Log on to our innovative QLK-100 interactive bracket list at www.qstraint.com.

Cannot find your wheelchair on our list? Call us directly and we will help you out! 1-800-987-9987

Winter 2010 NewsBrake 35
The NEW BL-7317 docking base from EZ Lock is the culmination of more than two decades of research and experience in producing quality wheelchair docking systems. In designing the latest version of our EZ Lock, we've drawn on that experience to develop the absolute best wheelchair docking system available.

The unparalleled quality and real-life successes of our docking system have long established EZ Lock as America's #1 choice for wheelchair security solutions. At EZ Lock, docking systems are not a sideline business, they are our exclusive focus.

The new BL-7317 couples the proven reliability of the "Original" EZ Lock system with an added level of functionality and durability.

- **DURABILITY** - The BL-7317's rugged component based design is unsurpassed in strength and holding power. Hardened steel reinforcements ensure a long service life.

- **RELIABLE CONTROLS** - Our reliable and accurate electronics constantly monitor the security status of your wheelchair in the docking base, and our exclusive ADP (Accidental Disconnect Protection) feature ensures a reliable and accurate status display; even if the wiring harness should become detached.

For EZ Lock driver applications, the BL-7317 may also be equipped with the optional Remote Manual Release for emergency use in the event of vehicle power loss.

- **NEW LOOK** - The new BL-7317 docking base has a sleek exterior design that easily compliments today's popular vehicle interior colors.

In addition to the great new look, the "hammered" powder-coat finish is extremely durable and is further protected by tough nylon labeling.

- **TESTING** - No other docking system has been tested as extensively as the EZ Lock. Not only has the EZ Lock been repeatedly "system tested" by the top University Safety Labs, we take the further precaution of testing specific wheelchair models for compatibility and structural integrity. Nothing is left to chance when the safety of our customers is at stake.

- **REAL LIFE SUCCESS** - More impressive than the scientific testing conducted in the laboratory, is the extensive archive of positive customer testimonials maintained by EZ Lock. On our website at www.ezlock.net, you can read the accounts of numerous EZ Lock users attesting to the effectiveness of our system in real-life emergencies.
2010 - ADED MEMBERSHIP RENEWAL INFORMATION

ADED membership runs from January 1 through December 31.

Membership Renewal time is upon us. ADED membership runs on an annual basis from January through December. ADED’s membership drive begins in October and membership renewal notices have been mailed to all active members. Members who have reviewed their renewal notice will see that rates have changed. The last membership rates increase was in 2005 and although an increase in operating costs had been realized in 2008, the ADED board of directors elected to hold membership rates increase in 2009 recognizing the impact that the economy will have on our members. A slight increase in dues will be in effect for 2010 renewals and new memberships. This $25 increase will help offset increased operating costs, and help us achieve our strategic plans. These new rates remain competitive to other professional organizations while increasing your benefits.

ADED has received national spotlight through news stories on National Public Radio and ABC World News not to mention local news stories about member programs across the country and Canada. This publicity has made a positive impact by increasing referrals to member programs, sparking interest in professionals seeking to enter the profession and by referral sources seeking programs in their area. In order to take advantage of this new found publicity, ADED is making plans to increase our marketing efforts, participation “at the table” of decision makers and advance our mission to educate and promote the profession of driver rehabilitation. These activities cost money and although slight, an increase in dues will help us achieve this mission.

ADED Membership—what does it do for me? ADED membership comes with many benefits. ADED is the ONLY multidisciplinary association dedicated to the education and promotion of driver rehabilitation services. With each renewal period, comes the decision to renew and the board of directors realizes that your decision to renew is an important one. Please consider the following benefits as reason for renewal:

Discounts on Education: Members receive discounted rates at our annual conference and any ADED sponsored education course. Often, discounts at sister association educational courses are offered to ADED members.

Directory Listing: Membership comes with free listing on ADED website. This website is accessed by consumers, referral sources and family members looking for local driver rehabilitation specialists. With more people seeking driver rehabilitation services, you will want your facility represented on our site.

Certification: ADED is the only association that offers a Certification in Driver Rehabilitation (CDRS). This certification validates that education and experience benchmarks that identify the CDRS as an expert in the field. ADED’s Best Practices validates the CDRS evaluation and rehabilitation procedures, thus validating the final outcome of the evaluation and training sessions as offered by the CDRS.

Communication: Networking with other driver rehabilitation professionals are offered to members through the Member’s Only section of the website, broadcast e-mails to membership and opportunities to meet at conference.

Information Sharing: News Brake is another member benefit which is provided to increase knowledge and education, awareness of research in the field and to keep members informed about changes in the industry. This quarterly newsletter is provided to members only and has received wide recognition for the level of professionalism, quality of articles and information that affects daily decision making at the workplace.

United Front: It is only with a strong member base, can ADED achieve the mission of education and support of driver rehabilitation specialists. We are the Go To association for those seeking driver rehabilitation services. In order to increase our visibility, achieve brand recognition and provide you with the very best in education and professional development, we need each and every member to retain their active status.

Resource Manual: The new 2010 membership resource manual will be delivered to all renewing members after the first of the year. This resource manual contains all ADED policy and Procedures, Best Practices document, resources helpful to daily work life and other information valuable to members.

Membership Categories are as follows:

**Individual** (new member): $145
Individuals involved in provision, implementation, research or administration of driver rehabilitation services (driver evaluation, behind the wheel training and/or transportation evaluations).

**Individual** (renewal): $120
Individuals who have been members for the current year.

**Mobility Equipment Dealer:** $275
Business involved in providing installation, services, and/or retail sale of equipment, vehicles or rental vehicles for individuals with disabilities.

**Facility:** $240 (1-3 individuals)
$600 (4-6 individuals)
$900 (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:** $525
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) NEWS BRAKE newsletter, (3) your personal website access, (4) Discounted conference rates, and (5) Discounted Professional ADED course costs.

Winter 2010 NewsBrake
Mobility Needs, Like People, are Individual and Personal...

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The new Sure Grip controls all utilize common mounting parts. This allows us to mount all styles on a common quick release interface that provides: optimal operation, ideal placement, and an incredibly quick and simple change out. “The Evaluators Dream”, is how one very pleased CDRS described it.

It has always been our goal to provide the best in evaluation and training tools to the Driver Rehabilitation Specialist.

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Congratulations to the 2009 ADED Conference Organizers for such a well organized and successful event!

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