Time for 2019 ADED Awards

2018 AWARD WINNERS. CLOCKWISE FROM RIGHT:
The Distinguished Service Award
Dr. Pierro Hirsch
Achievement Award
Cyndee Crompton
Research & Applied Engineering Award
Dr. Johnell Brooks
Scholar Award
Carol Wheatley
Chuck Huss
Dr. Sherrilene Classen
Lifetime Honorary Membership Award
Maryfrances Gross

We need your nominations
SEE PAGE 24
ADED’s 2019 Conference will explore research and technology related to driver rehabilitation. Attendees will receive cutting edge information that they can incorporate into client care. The lectures and workshops provide ample opportunities for participants to learn, engage, and interact. ADED combines camaraderie, experiences, and educational opportunities for a one-of-a-kind event. Professionals of all levels, introductory, intermediate and advanced will enjoy attending.

Need continuing education hours? We have them!
♦ Earn up to 32 hours by taking 2-day ADED course and all conference activities.
♦ Earn up to 24 hours by taking a ADED pre-conference workshop & all conference activities.
♦ ADED Conference attendance offers up to 17 contact hours beginning with Saturday Night Product Demonstrations.

Please visit our website for complete conference information: www.aded.net
I am excited to be placed in the driver’s seat as ADED’s NewsBrake Editor! Thank you to Jenny Nordine and the entire ADED Board for confirming my appointment as the Publications Chair for 2019-2020. Since I was an occupational therapy student, I have been a part of driver rehabilitation. In 1990, I received my degree in occupational therapy from Eastern Michigan University (EMU) and then became a Certified Driving Instructor through EMU in 1992. I obtained my Certification as a Driver Rehabilitation Specialist (CDRS) from ADED in 1999 and again in 2018, and received my Fellowship in Neuro-Optometric Rehabilitation (FNORA) in 2007. My specialties include vision, driver rehabilitation, and school-based therapy. Currently, I work in the school system with children from ages 3 to 26 with a variety of disabilities…and yes, they all want to drive! I have presented on topics including vision rehabilitation and driving, low vision/telescopic driving, elderly driving, fall prevention, and visual/fine motor integration.

Currently, I reside in Royal Oak, Michigan, with my husband and children, dog, cats, and a bearded dragon. My son, Sean, just graduated from nursing school and my daughter, Amanda, is studying Animal Science at Michigan State University. This leaves me time to continue my passion for driver rehabilitation through another avenue…the ADED Newsletter. I also enjoy pursuing my other hobbies, that include dog training, traveling, hiking, biking, making jewelry, and going to the theater.

Congratulations to Staci Frazier, former NewsBrake Editor, and my mentor, on her new position on the ADED Board as Secretary, welcome new Publication Committee member Amy Brzuz, and thank you to continuing members Amy Lane, Nikki Simmons, Susie Touchinsky, and Staci Frazier. I look forward to working with the committee and I am interested in hearing from ADED members to bring information, research, stories, clinical pearls, and ideas to the forefront. Don’t be shy, please share your expertise with the Publications Committee. Looking forward to a great year with all of you!

Janet Berthiaume, OTR/L, CDRS, FNORA
janetbotrlcdrsfhora@gmail.com
Greetings from the Executive Office

“Winter lingered so long in the lap of Spring that it occasioned a great deal of talk.” — Bill Nye

Spring has sprung, although for some of you, the snow was still falling into the 2nd week of April. Whenever your spring flowers finally bloomed, we can all be excited for this fresh new year!

ADED hit the ground running this year continuing our focus on an ambitious strategic plan involving all our committees, new ad hoc committees, an army of volunteers, staff, and key industry partners. The overarching impact of the ADED 2018-2020 strategic plan is to be a growing field of highly skilled and qualified ADED members come from a variety of backgrounds and professional experience. As a team of experts, we offer clients and their caregivers optimism, hope, and confidence. Driver rehabilitation and vehicle accessibility is built on a foundation of labor offered with great devotion. I am certain that you are reminded in large and small ways every day that the work you do is important and makes a difference. As we gear up for our annual conference and exhibits in Lexington, Kentucky, I ask you to reflect on what it means to be a member of ADED. The theme this year is Professional Pride. We want you to feel pride in the work you do, in the professional society in which you belong, and in the successes your clients achieve. Share that pride at conference! Conference offers all of us a forum for formal continuing education, information gathering, and an invaluable opportunity to network and learn from others in the field. In some regions, driver rehabilitation specialists are rare and often feel very much alone. Annual conference allows those providers to connect with our community, learn from others, and improve their programs. Conference brings the far reaches of our membership together. Mobility equipment dealers and manufacturers are counting on driver rehabilitation professionals to advance their education and produce quality evaluations and accurate prescriptions. Annual conference is the best place to learn new things, meet new people, and spend time with friends and mentors. Show your pride as a member of this fine organization, invest in your professional development, and make plans to join us in Lexington.

2019 ACTIVITIES TO DATE:
January: I represented ADED as a board member of the Association of National Stakeholders in Traffic Safety (ANSTSE). You can check out the great work this group has been doing to advance novice driver education across the country by visiting their website: http://www.anstse.info. ADED has been asked to form a working group to advise the stakeholders on addressing the needs of novice drivers with disabilities. More information on this project as it evolves.
February: ADED was present at the Southeast Region of the American Driver and Traffic Safety Education Association (ADTSEA) annual conference, in Pigeon Forge, TN. We were able to share resources for driver instructors and guide those interested toward continuing education to better serve their students with special needs.

(Continued on next page)
March: ADED was honored to again provide content for the driver rehabilitation tracks at the National Mobility Equipment Dealers (NMEDA) annual conference in Daytona Beach, Florida. We had an outstanding number of attendees across both tracks and generated lots of great conversations over the few days we had together.

April: ADED was also present at the American Occupational Therapy (AOTA) annual conference in New Orleans, Louisiana. ADED President, Marc Samuels, and I were on hand at the exhibit hall and made a presence at driving related workshops. Local ADED volunteers generously donated their time to help host the ADED booth located in the unique Transportation Zone. Many ADED members presented sessions related to driving and we were pleased to see so many attendees visit our booth.

ROAD SIGNS:

CDRS Renewals- Check your certificate! If your CDRS expires 12/31/2019, you can expect to receive a renewal reminder in the mail. If you have not received your renewal reminder in the mail by June 1, 2019, please contact the office at info@aded.net. CDRS renewal applications are available on the web at www.aded.net. Avoid late fees and a mandatory audit by submitting your renewal by the November 1st deadline.

Membership Renewals- A huge thank you to the members that have renewed their 2019 membership. With this year’s membership drive, 20 lucky people were selected through a drawing for a 50% conference registration discount. Discount coupons have been mailed to the recipients. To keep your member profile active on the ADED website, you must renew your membership. By policy, late fees apply for those renewing after March 31st. If you have any trouble logging into your account, please e-mail us at info@aded.org.

2019 ADED Annual Conference: Mark your calendars for the 2019 annual conference in Lexington, KY. See full page ad in this issue for dates. You can earn over 30 hours at this year’s conference by attending a 2-day course and all conference learning opportunities. Early Bird registration fees ends June 28, 2019. Members receive discounted combination rates. If you are not a member, join today and reap the benefits of membership!

2019 CDRS Examination: I hope that if you have not yet obtained your CDRS that you are planning on sitting for this year’s exam. Examinees have an option to sit for the traditional paper/pencil exam on the last day of conference or take a computer-based test at a testing center closer to home. The CDRS examination handbook and application form are available on the ADED website. Please visit www.aded.net for details. Applications must be submitted directly to PSI/AMP, the testing company that manages the exam. The application can be found here: www.goamp.com. Examination application deadline is July 22, 2019.

Thank you for the work you do every day. Thank you for your commitment to the profession and to this association. Great success in independent community mobility and vehicle access is achieved through teamwork and dedication from our over 1,000 members. ADED is only as good as its membership and our members are simply the best!

Sincerely,

Elizabeth Green, OTR/L, CDRS, CAE
Executive Director

Greetings from the Executive Office (Continued)

VEIGEL DETROIT ELECTRONIC HAND CONTROL

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It is an exciting time to be part of the ADED leadership. Our industry continues to grow and cement its influence as is demonstrated by the recent publication and dissemination of the joint ADED & NMEDA guidelines for vocational rehabilitation document entitled *Recommended Practices for Driver Rehabilitation and Vehicle Modifications: Guidelines for Vocational Rehabilitation*. As our ADED representatives reach out with this recently updated resource and engage with stakeholders, we continue our mission to become even more robust and vital as an association. Feedback from this outreach has been overwhelmingly positive.

I was privileged to attend the recent annual American Occupational Therapy Association (AOTA) Conference in New Orleans. At the conference, I was honored to represent our industry by attending several workshops, talks, and while staffing the ADED booth in the exhibition hall. There were many inquiries regarding how to get started in the field of driving rehabilitation, how to work towards becoming a CDRS, and how to locate the most appropriate service providers in their areas. This provided me with a golden opportunity to introduce them to the new digital badging program that allows ADED members to demonstrate and proudly display their subject specific learning achievements with peers, potential employers, educational institutions, and others. Acquiring an ADED badge, in an area of interest, can be a great first step in establishing yourself within the industry. Since these badges elevate and identify the badge holder as a subject-specific specialist, it also provides the much-desired development pathway for providers wishing to obtain their CDRS. Finally, these badges will also provide the requested clarification and guidance for the referral sources and clients seeking specific skilled services within our industry. I encourage those who may not yet have attained their CDRS, and are working towards this, to explore the badging process as a step towards their CDRS. Keep an eye out for more information as categories for badging are being developed and please refer to the article on page 28 in this issue for more information.

ADED continues with ongoing work in the development of the new ADED SDR (Specialist in Driving Rehabilitation) micro-credential. This micro-credential will verify, validate, and attest that specific skills and competencies have been achieved and endorsed by ADED. This project is expected to launch as early as mid-2020. I sincerely hope that as these innovative avenues for professional development and specialized recognition become available, you take the opportunities that best support your needs.
As ADED President, I have had the opportunity to observe how well our organization continues to foster a significantly increased amount of respect within the vocational rehabilitation and occupational therapy communities. Many of those clinicians can be incredibly supportive of our role in the joint mission to support our mutual clients. Recently our organization has been actively expanding our circle of influence and has taken steps to formally engage and partner with organizations that currently include: The National Mobility Equipment Dealers Association (NMEDA), American Occupational Therapy Association (AOTA), Canadian Association of Occupational Therapists (CAOT), Adaptive Driving Alliance (ADA), Driving School Association of the Americas (DSAA), The American Driver and Traffic Safety Education Association (ADTSEA), Association of National Stakeholders in Traffic Safety Education (ANSTE), and the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). Being a part of this particular alphabet soup is a positive reflection of our ongoing efforts to expand ADED’s role in promoting the value of high-quality, comprehensive driver rehabilitation services delivered by ADED credentialed providers to key partners, referral sources, and directly to consumers.

As a member of ADED, you can stand proud knowing that you are not alone in what you do. You have this well-established, incredibly dynamic, and engaged organization backing you with research-grounded guidelines and recognized efficacy. As we move forward together, I would like to take a moment to remind you that our organization and this industry is made up of all its participants. You are a crucial part of its success and the key to our future. Please consider what role you may be prepared to play moving forward. We thank you for what you have already contributed by being a member of ADED and welcome your active participation as we continue to grow and expand both our depth and influence moving forward.

Marc Samuels, MS, OT, CDRS
ADED President

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When in Rome?

One challenge that driver rehabilitation specialists may encounter is ensuring that they maintain collegial and professional relationships with colleagues who work in the same geographical area, due to competition between driver rehabilitation specialists and programs. Tensions can be further heightened when a competitor (driver rehabilitation program or an individual driver rehabilitation specialist) is misleading the public about their affiliation with the state Department of Motor Vehicles (DMV).

A CDRS (Ruth) has been operating a driver rehabilitation program for many years, and her program is among a number of programs which are recognized by the state’s DMV. Ruth’s company, like her other competitors, has a website that includes information about her program. The information on Ruth’s website accurately outlines the credentials of her staff, as well as indicating that their program is recognized by the state’s DMV.

For the past several years the website of one of Ruth’s competitors (ABC Driver Rehab) has included misleading statements, including maintaining that they are in partnership with the state’s DMV. After viewing the ABC Driver Rehab’s website, Ruth inquired with her contact at the state’s DMV as to whether it is generally permissible to state that your program is in partnership with the DMV. The answer she got was a hard “NO.” Over these years, Ruth has received a few inquiries from general occupational therapists who have questioned whether her program is comparable to ABC, because of their partnership with the DMV. Ruth has been careful to correct the information without making disparaging comments about ABC.

On several occasions, Ruth has tried to tactfully advise the owner of ABC Driver Rehab that these types of statements are not accurate and has hinted that ABC might want to clarify the information on their website. Despite her efforts, nothing has changed, and ABC continues to advertise their program in this way.

Ruth is frustrated but is unsure what is the best path forward and she is confused about her options. Ruth wonders if, to keep the peace, she should simply continue to ignore the ABC website information. She has been considering “reporting” ABC to the state DMV. Ruth is also wondering if she should confront the owner of ABC directly about their misrepresentations but is concerned that this would increase tensions between the programs. Finally, Ruth has been considering changing her website so that it also states that her program is in partnership with the state DMV.

When considering Ruth’s actions thus far, she appears to be in compliance with the ADED Code of Ethics. Principle E of the Code relates to “Providing Accurate Information Regardless of Driver Rehabilitation Services and Qualifications.” Ruth is appropriately concerned that ABC Driver Rehab is not accurately representing their affiliations, and thus is not adhering to the code. Though not explicitly stated in the Code of Ethics, it could be argued that Ruth has a duty to the general public to ensure that the driver rehabilitation is accurately represented (Principle G). However, Ruth is not a regulator and she is not ultimately responsible for the actions of other programs, including ABC.

Thus far, Ruth’s actions (in attempting to remedy the errors on the ABC website) have been appropriate and in compliance with spirit of the ADED Code of Ethics, Principle F “Treating Colleagues and Other Professionals with Fairness, Discretion, and Integrity.” The question is whether, in moving forward with the various options she is considering, Ruth will be at risk of breaching the ADED Code of Ethics herself.

It does not appear that Ruth will be comfortable with the “do nothing” approach; otherwise, she would not have reached out to this column with her dilemma.

In the past, Ruth has attempted to reach out to ABC in a collegial and respectful manner about the issues with their website, but these efforts have not been fruitful. There is likely no point in continuing with this approach.

In the circumstances, it appears appropriate for Ruth to advise the state DMV of the website’s inaccuracy (if she can do so confidentially this would likely be best), and the comments she has received from general therapists, and hope that the DMV will take action. The likely outcome is that the DMV will send an official letter to ABC directing them to change their website, and ABC will promptly comply.

Ruth’s idea that she could change her company website so that it says the same information as ABC, thereby leveling the playing field, is ill advised, as this would place her in non-compliance with the ADED Code of Ethics. As an ADED member and CDRS, Ruth needs to ensure that she upholds the high standards of our profession, despite the actions of others.

Ruth should remember that the suggestion that, “When in Rome, one should do as the Romans do,” won’t likely work out, especially when one considers the eventual outcome was the, “Fall of the Roman Empire.”

If you have a situation or ethics topic you would like explored, please email Dianna Robertson at Robertson.law@hotmail.com.
A Real Time Research Project: Motivation and Background

By the Research Committee: Johnell Brooks, Mary Shotwell, Chad Stroumatt, Theresa Prudencio & Ann Forrest Clark

One real world challenge with research is that it is often very hard to show the entire research process as it is taking place or even after the research is concluded. This happens for a couple of reasons. One, the outcome of the research is typically more critical for the clinicians than the laborious process of setting up the study, gathering the data, and analyzing the results. Two, researchers and academics typically need to “protect,” or keep secret, their results until the study is published as a peer reviewed article. While presenting preliminary results at academic conferences is a great way for researchers to get feedback on their topic, researchers also have to be careful not to “give away” too much, too early, to prevent publication. This is a conundrum for conferences like ADED where attendees want to immediately take home what they learn at the conference and apply it in their clinic. Regardless, since ADED’s research committee was first established as an ad hoc committee in 2010 and since being transitioned into a permanent committee in 2017, the research committee strives to encourage ADED members to share their research and ideas at the ADED conferences through poster presentations.

The committee also supports and fosters research through preconference workshops. For example, at the 2018 conference, held in Richmond, Virginia the research committee held a one-day conference Evidence-Informed Driver Rehabilitation Practice: Strategies for Evaluating, Collecting and Presenting Research Findings, where 16 attendees participated. Attendees’ interests ranged from where to find funding to what data to collect to research ethics. Clinical populations of interest ranged from aging drivers, stroke, autism, concussion to Parkinson’s Disease. A broad range of new technologies were of interest ranging from apps to high tech driving simulators. Due to the diversity of experiences and backgrounds, some of these topics were easier for the group to discuss while some were very situational specific, such as locations for an on-road assessment. One topic area that arises at many of these workshops are members’ interest for screening assessment tools that can be used by occupational therapy practitioners to determine if a referral to a specialist is appropriate, as well as ways to quantify that driver’s risk. One of the attendees participating in the workshop, Ann Forrest Clark, was interested in feedback on a tool she developed herself, the “Driving Risk Calculator.”

After the workshop, the research committee had a brainstorming session around the idea of working with Ann to help her get feedback on the tool she developed, since she was open to sharing this process with ADED members. As a clinician who does not have research requirements for her job, Ann is bravely willing to share this process with the ADED community for a “real time research project.” The purpose of using Ann’s project is for the research committee to provide a “real life” example of how doing research is a multistep process, that typically involves collaboration with multiple people.

Over the next several NewsBrake issues we will develop a survey, complete a research ethics application, design and test our data collection process, recruit volunteers (We know YOU will volunteer!), organize the data, analyze the data, interpret the findings, make changes to the Driving Risk Calculator, and repeat the process again! Expanding on the volunteer needs and how members may do so, the goal is to make this experience as transparent as possible during this real time research project with the end goal of a presentation at a future ADED conference.

For this first segment, “Motivation and Background,” we will introduce you to Ann and she will share her background and need for the Driving Risk Calculator. While Ann beautifully explains how she is the only person to serve her geographic region and needs a tool for referrals, her early experiences with occupational therapy practitioners are fascinating. Ann grew up in Minnesota and has been involved with occupational therapy since the 4th grade when she was a junior volunteer at the hospital where her mom worked. Ann volunteered every week during the summer and on Saturdays during the academic year, where she volunteered with Elizabeth Rivers, the inventor of acrylic facemasks which are used to treat hypertrophic scarring of facial burns. Ann was a volunteer until the age 15 when she was old enough to become an OT transport aid in the hospital and held a second job as a nursing assistant in a nursing home. In college, she worked as an orderly at nights and on weekends until completing her BA in OT. Ann has a breadth of OT experience ranging from inpatient, outpatient, and VA. In 1984 she started making referrals for patients for a driving evaluation outside of the hospital where she was employed. She was able to ride along during the evaluation, and the rest is history. This is an excellent transition for Ann to tell you about the evolution of the Driving Risk Calculator in her own words.

DRIVING RISK CALCULATOR

Ann Forrest Clark, OTR/L, CDRS, LDI
St. Luke’s Duluth, MN

States look to physicians to determine when a person’s abilities to safely operate a motor vehicle are in question. Occupational therapy practitioners are increasingly asked by physicians to complete assessments to help provide data that can be used in determining their patient’s ability to continue to drive.

Ideally a comprehensive assessment approach includes both clinical skills assessment and the opportunity to complete a behind the wheel (BTW) assessment. This is not always an option based on very limited access to training vehicles, licensed driving instructors, and much less certified driver rehabilitation specialists (CDRS). The following describes the development of a tool used to help support the critical clinical decision-making process used by occupational therapists in the clinical driving assessment process.

Program Background – Why the Driving Risk Calculator?

St. Luke’s is a health care system located in Duluth, MN at the western tip of Lake Superior. The system has a large trauma center in Duluth and several clinics across hundreds of miles serving many low-density communities. I am the only Occupational Therapist who is a licensed driving instructor and CDRS within 150 miles. I have provided clinical assessments for over 25 years and BTW assessments for the past 16 years. I have been concerned about the increasing need for my services and the lack of interested practitioners to follow in my footsteps. I began looking at options for improving patient access to driving assessment services within the challenges of our health system. These include a large geographic service area, small trained therapy staff (originally only me), and lack of access to a vehicle for BTW assessments.

The company that had been contracted for use of an adapted vehicle for BTW assessments based in the Twin Cities (150 miles away), closed their doors leaving St. Luke’s without an assessment/training vehicle. St. Luke’s management chose not to purchase a replacement vehicle and did not want to enter into another outsourced contract relationship. The next nearest BTW assessment service was located 150 miles away in a large high traffic density environment (Twin Cities) which is considered very frightening to most of our patients. St. Luke’s management did see the need to continue to support a BTW assessment service and...
allowed me as their occupational therapist, CDRS, LDI to seek a relationship with a local driving school. Through Northland Driving School, I was able to become a part time employee as a licensed driving instructor and could perform BTW assessments and training using their vehicle at a time separate from my work for St. Luke’s. Up until my employment Northland Driving School consisted of one person who trained only teens and taught classroom instruction. As a CDRS and ADED member my clinical assessments and BTW assessments have evolved over time. To reference Maya Angelou, “When I know better, I do better.” I practice alone as a driving rehab specialist in a remote part of the country. Attending annual ADED conferences, chapter conferences, and reading NewsBrake have been invaluable tools helping me to strive for standardized objective clinical skills assessments and BTW assessment formats. I have had many questions over the years and the ADED Best Practice Guidelines (1) and the Clinicians Guide to Assessing Older Drivers (2) are go to references when in doubt. Kathy Woods, OTR/L, CDRS, LDI, Director of Courage Kenny Rehabilitation Center driving rehabilitation program in Minneapolis, has also been a very supportive resource and sounding board through the years. Using these supports and my personal experience in the field, I realized changes in the St. Luke’s driving rehabilitation program had to happen or the program would be lost.

When the separation of the clinical and BTW assessments occurred two major issues developed. Both assessments could no longer both be provided on the same day and referring to myself for the BTW created a conflict of interest. I contemplated options for managing both issues. Options included attempting to coordinate my St. Luke’s days with the driving school vehicle availability and working with a non-rehabilitation based BTW evaluator. The first option was not feasible due to hospital scheduling issues and the latter was not of interest to the non-rehabilitation based driving school instructor.

Separating the clinical assessment from the BTW caused people traveling several hours to make the trip to Duluth twice and was a significant burden. St. Luke’s has three occupational therapists practicing in distant clinics. With additional training these therapists could provide the clinical assessment tests locally and refer to me in Duluth if the BTW assessment is indicated. The OTs in these clinics were interested and training was planned. Many of the testing tools used in the Clinical Skills Assessment are already used by OTs on a daily basis (Montreal Cognitive Assessment, Trail Making Tests, manual muscle testing, AROM, etc.). I helped the therapists in the distant clinics to write grants to fund the purchase of testing tools such as Stereo Optical Optoe Vision Tester and RT-S2 Reaction Time tester that would be needed to perform the full battery of tests.

DEVELOPING THE DRIVING RISK CALCULATOR

As part of the prep for training the distant clinicians, I spent many hours considering my testing processes and writing testing procedures. I knew the most challenging piece for them and for me is to know when to refer for a BTW assessment, recommend driving retirement, or return to driving. The Practice Parameter Update (3) was one of my many inspirations and it made me realize that I needed to be able to have a matrix that would organize testing areas and performance scores. I used the cut points set by the actual standardization of the test makers or subsequent research results. When tests were not standardized, I used my own clinical reasoning. I frequently referred to ADED Best Practices (1) in this process. I categorized the performance scores in low, moderate and high-risk categories. I also realized that the matrix could potentially be used as a tool for test interpretation to patients and added the traffic related colors of green, yellow and red. Red and yellow also indicate when MN state law applies with certain testing results.

The weight of decision making is compounded by the high level of importance of the task of driving in an individual’s life as well as the severity of consequences if a crash occurs. Driving cessation is rarely made by performance on a single evaluation, but it is the composite performance of all the tools and consideration of driving and medical history. I looked at the body of many clinical skills assessments and the subsequent BTW assessments I have completed and recognized that there were some clear patterns. People scoring at a moderate risk level in two or more items in any single performance area, or 4 or more total items in all combined performance areas a BTW was recommended. In the case of more than one high risk item in any performance area a BTW was recommended.

No doubt about it, the driving cessation recommendation is painful for both the therapist and the patient. It is a recommendation I never take lightly, understanding this is often a devastating blow to an individual that will substantially change their life going forward. BTW assessment is considered the gold standard in the field of driver rehabilitation for making those determinations. However, BTW assessment is not always a reasonable and necessary assessment if a significant volume of clinical testing results and/or medical and driving history indicators point to driving cessation. Specifically, excessively slow lower motor reaction time, erratic inefficient and inattentive scanning skills, and excessively slowed cognitive processing indicate driving cessation. It is not reasonable to believe that an individual who demonstrates severely reduced clinical skills in the areas listed above will suddenly gain the appropriate skills BTW. Furthermore, BTW assessment is an out of pocket expense for individuals. It is unethical in my reasoning to financially burden an individual when their skills have already been identified as severely limited.

The therapists and I met for six hours over two different sessions to practice testing, discuss interpretation and work out processes for decision making and referrals. We continue to talk back and forth about results and recommendations. We share information and articles we come across and consider this relationship and program a work in evolution.

DRIVING RISK CALCULATOR PHILOSOPHY

As any professional working in the area of driving skills assessment knows, the ability to drive carries a high level of emotional identification and an even higher potential impact on an individual’s ability to maintain an independent life. The Driving Risk Calculator was developed to provide one approach to a standardization of clinical skills testing that could be used by several clinicians across a health care system in a geographically large, rural based area of northern Minnesota.

The tests used are relatively inexpensive, easily accessed and can usually be fully implemented within a 90 min session. The majority of the tests chosen are already used to some extent by occupational therapists in their daily practice. The clinical skills testing is billed as an occupational therapy evaluation under the order of a referring physician with a medically identified diagnosis. The assessment is documented and billed as an occupational therapy evaluation and is a reimbursed service under Medicare, medical assistance and other third-party payors.

Individual test scores are not looked upon independently, but are interpreted as pieces of a larger outcome. No one score on an individual test, unless it is a state mandated cut point, precludes an individual from moving on to completing a BTW assessment. The decision-making criteria used state four scores in the moderate risk level range and one score in a high-risk level range indicate a need for referral for a BTW assessment. If an individual has several high-risk level scores (especially if they include acuity, scanning and attention skills) driving retirement is often recommended.

This approach is a cause for debate amongst driving rehabilitation specialists. Through my personal experience of 36 years of clinical testing and 16 years BTW testing I have found that skills do not magically improve when someone is BTW. I also feel it is unethical to bill an individual for a service when they have already demonstrated skills that would preclude their safe operation of a motor vehicle. My final question on the family/care-giver questionnaire asks, “Would you allow this individual to drive alone with a 5-year-old child in the vehicle?” If the answer is “no” in the clinic it should be “no” BTW. I also believe the practice of allowing everyone with a progressive cognitive disease the right to fail BTW is prolonging the inevitable and serves no one well.

The Driving Risk Calculator is ONE approach to standardizing the clinical assessment process of testing skills related to driving. The critical clinical decision-making skills of each therapist testing individuals and interpreting the results remains at the discretion of the therapist. Any successful human approach to testing driving skills must have room for the individual in the testing process.
When in question of testing indicators, it is recommended that the skills of a CDRS be consulted before next steps are taken. 

believe that an individual who demonstrates severely reduced clinical skills in the areas listed above will suddenly gain the appropriate skills behind the wheel. Reaction time, erratic inefficient and inattentive scanning skills and excessively slowed cognitive processing indicate driving cessation. It is not reasonable to

significant volume of clinical testing results and/or medical and driving history indicators point to driving cessation. Specifically, excessively slow lower motor

it is recommended that an individual continue to drive. However, Behind the Wheel Assessment is not always a reasonable and necessary assessment if a sig

Driving Cessation Recommendation:

4+ total items in all combined performance areas behind the wheel evaluation is recommended.

Moderate Risk Category:

2+ items in any single performance area or 4+ total items behind the wheel assessment is indicated.

High Risk Category:

1+ items in any performance area behind the wheel assessment is indicated. 4+ high risk total items in all performance areas indicates likely driving cessation and consultation with CDRS is indicated.

Considerations

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<th>High Risk</th>
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<td>Progressive mild decline Vertigo</td>
<td>High startle response Progressive moderate decline</td>
<td>Reassess status every 6 months per Am Academy of Neurology</td>
</tr>
<tr>
<td>Diabetic Control</td>
<td>L/t neuropathy</td>
<td>Glc &gt;150 mg/dl</td>
<td>MN State law no driving</td>
</tr>
<tr>
<td>Seizure</td>
<td>No seizures</td>
<td>3 mos - 1 year</td>
<td>3 mos</td>
</tr>
<tr>
<td>Emotional status</td>
<td>Anxiety with driving Fear of driving Road aggression</td>
<td>Fear of driving</td>
<td></td>
</tr>
</tbody>
</table>

Driving History

Miles driven per week

- >50 miles week: <50 miles week <10 miles week Fewer miles driven greater risk due to reduced skills.

Freeway driving

- < monthly: Stop 60 sec Self-limiting indicates decline in function

Night driving

- 3x/week

DPS history

- Violation in 5 years: 6x/month All fault accident in 5 years

Driving Behaviors

- Losses car in parking lot Drives with copilot: Seeks lost in familiar areas

Physical Skills

Hand Trick AROF Right: No reduction <50% <50% Mirror accommodation

Left: No reduction <50% <50% Mirror accommodation

Upper Body Strength/Rom Right: No reduction 4/5 MMT 120° flex 4/5 MMT 90° flex Reduced effort steering

Left: 4/5 MMT 120° flex 4/5 MMT 90° flex 4/5 MMT 90° flex Steeking modification

Grip

108+ 20-30+ <20+ Sooting device/gas cap key modification

Coordination

Modified grip/palp Unable to hold pen: Neds modification

Lower Body Strength Right: No reduction 4/5 MMT 4/5 MMT Reduced effort assist/brake

Left: 4/5 MMT 4/5 MMT Consider hand controls

Proprioception Foot Tap (6) 1/5 sec 3 sec >3 sec

Rapid Pace Walk Test (6) 7 sec 11 sec 11 sec

Null Position Test 90+ 3 sec 3 sec 7 sec

Vision Skills

Distance Acuity State limits

- 20/40 or better: 20/200-20/60 20/60 – roads <5 mph limit 20/200 – roads >50 mph limit 20/10 roads < 45 mph limit MN for 10 State law no driving

Visual Fields – Bitemporal sum

- 110 degrees: 180 – 105 degrees Speed and day limits apply <100 degrees: Bitemporal state limit MN State law no driving

Steresc Far/Depth Perception

< 40 sec arc 41-200 sec arc 201 sec arc

Contrast Sensitivity

20/20-20/30: 20/40: 20/50 daylight only State limit MN State law no driving

Sign Recognition Optic 10000 (7) 9-12

- 9-12: <8 no stop sign recog

- 8: no stop sign recog

- 7: no stop sign recog

- 6: no stop sign recog

Bell’s Cancellation Test (6) 32-35/35 28-32-attention deficit >28 = unilateral neglect: Disognorm scan and pattern of missed items Indistinction to environment Dysfunctional Scan

Cognitive Skills

Montreal Cognitive Assessment (6)


Snellgrove Maze Test (10) < 80 sec 6 errors < 60 sec 1 error 60 sec 2 errors 61 sec with/without errors

Trailmaking A (11) < 39 sec 45-51 sec > 60 sec

Trailmaking B (11) < 85 sec 86-120 sec > 185 sec

2+ items in any single performance area behind the wheel evaluation is recommended.

4+ total items in all combined performance areas behind the wheel evaluation is recommended.

Driving Cessation Recommendation: Behind the Wheel Assessment is considered the gold standard in the field of driver rehabilitation for determining whether an individual continues to drive. However, the Wheel Assessment is not always a reasonable and necessary assessment if a significant volume of clinical testing results and/or medical and driving history indicators point to driving cessation. Specifically, excessively slow lower motor reaction time, erratic inefficient and inattentive scanning skills and excessively slowed cognitive processing indicate driving cessation. It is not reasonable to believe that an individual who demonstrates severely reduced clinical skills in the areas listed above will suddenly gain the appropriate skills behind the wheel. When in question of testing indicators, it is recommended that the skills of a CDRS be consulted before next steps are taken.

Moderate Risk Category:

2+ items in any single performance area behind the wheel evaluation is recommended.

High Risk Category:

More than one item in any performance area behind the wheel evaluation is recommended.

Driving Cessation Recommendation: Behind the Wheel Assessment is considered the gold standard in the field of driver rehabilitation for determining whether an individual continues to drive. However, the Wheel Assessment is not always a reasonable and necessary assessment if a significant volume of clinical testing results and/or medical and driving history indicators point to driving cessation. Specifically, excessively slow lower motor reaction time, erratic inefficient and inattentive scanning skills and excessively slowed cognitive processing indicate driving cessation. It is not reasonable to believe that an individual who demonstrates severely reduced clinical skills in the areas listed above will suddenly gain the appropriate skills behind the wheel. When in question of testing indicators, it is recommended that the skills of a CDRS be consulted before next steps are taken.
DECISION MAKING

By Tommy Crumpton

For the experienced driver, decision making can seem to be automatic. We often tend to “trust our instincts” when encountering routine situations, and as a result we, as driver rehabilitation specialists, do not remember how we, as new drivers, initially learned to make those decisions. Everyone who has learned to drive has, at some point, been challenged with the difficulty of learning how to make correct decisions. While some techniques presented in previous editions were specific in step by step techniques in a more protected environment. Decision making, on the other hand, must be taught (and learned) while the vehicle is in motion.

Continuing the series of “It Looks So Easy” in the NewsBrake, this edition will concentrate on decision making situations and techniques that can be used when teaching an inexperienced driver (with or without a cognitive impairment) for the first time; when re-training an experienced driver with an acquired cognitive change; or while an experienced driver progresses through training when using adaptive equipment. Additionally, when evaluating and/or performing follow-up training with an older adult nearing driving retirement, it is imperative that we are assessing the individual’s ability to make accurate decisions in all driving scenarios. As the professional responsible for evaluating and training drivers, and ultimately determining their ability to drive safely, that responsibility extends to developing the skills necessary to systematically and safely teach techniques in the behind-the-wheel environment.

Decision making while driving requires that 1) the driver be able to visually capture the information in the environment, 2) the brain have the capability to process and accurately interpret the information, and 3) the message be sent to the musculoskeletal system to physically carry out the decision being made.

Every new driver has to quickly adapt to the ever-changing environment whether in a parking lot or on a crowded highway. It does not come easily, nor does it always come naturally. When approached consistently and systematically, if the driver has the necessary vision, cognition, and physical function, it can be mastered.

THE THREE (3) QUESTIONS

There are three (3) questions that must be asked and answered at every intersection.

1. How many stop signs are there?
2. Who has the Right-of-Way?
3. Can I go?

The 1st and 2nd must be asked and answered while on approach to the intersection. This requires visual scanning and knowledge of the right-of-way laws. If the driver waits until they are stopped to begin looking, it is too late, and the decision is delayed to the point of them being a hazard. Only after the driver knows how many stop signs there are can he/she determine who has the right-of-way. Only after they know who has the right-of-way can they determine whether they have the opportunity to move into the intersection. At this point, the driver must be ready to make the final decision as to whether it is safe to actually enter the intersection.

As with learning any technique, repetition is necessary. It is also helpful with this particular activity for the instructor to cue the driver by asking the questions at the appropriate timing of the approach. This will train the driver to identify the number of stop signs as soon as they are visible.

HOW MANY STOP SIGNS?

Due to angles of the STOP signs as well as background objects, it is often hard to see them on your approach. Use this pattern to identify how many stop signs are present:

1. Your STOP sign (critical 1st decision)
2. Oncoming traffic
3. Cross traffic from the left
4. Cross traffic from the right

Look for a pole at each of the four corners of the intersection. If there is one, look at the top of it to see if a STOP sign is present. (Remember that only your sign is painted red with “STOP” visible). As you get closer, the STOP sign angle increases and they become more obvious.

RIGHT-OF-WAY

The driver must know the right-of-way laws found in the licensing state’s Driver Handbook. Recognition of critical signage will give the driver the information necessary. While there are some basic rules governing right of way, this may be one of the harder skills to teach because there are so many variables in determining who has the right of way, and the Driver Handbook may be rather vague. This is one of those skills that must be learned and experienced over an extended period of time. The driver needs to answer the following in each right-of-way situation:

1. What am I supposed to do?
2. What is the other driver supposed to do?

The driver should plan to do what is expected of him/her, then adjust if the other driver does something unexpected. There is a difference between being courteous and being indecisive. Indecision leads to confusing the other drivers and forcing them to take control of the situation. They may do something illegal or unsafe. In extreme cases, it may even lead to road rage.

STopping AT the LEGAL STOPPING POINT

Check your Driver Handbook for your state or province’s law on the legal stopping point, which is one of the first habits to go (if it was ever developed in the first place).

In some states, there may be a difference between a functional stopping point and the legal stopping point. It is more functional to stop where you
can see the cross traffic, but it may not be the legal point. The legal point is often with the front bumper at, or just before the STOP sign or stop line. The average driver looks at the curb of the lane they are about to enter as the visual reference point, therefore that is the point at which they stop. The most effective way to train a driver to stop at the legal stopping point is to have the driver look over the hood at the stop line or base of the stop sign where it touches the ground. This changes the visual reference point as they approach the intersection. After stopping at the legal stopping point, then creep forward in order to observe cross traffic and make the decision if it is safe to enter the intersection.

**FUNCTIONAL STOPPING POINT**

It is the habit of many drivers to roll well past the STOP sign or painted stop line in order to have better visibility. While this is more functional, it is likely not the legal stopping point based on the Driver Handbook. Because it is a common habit for experienced drivers to look at the curb or first lane of traffic as the visual reference point and stop there, most are surprised when the actual law is explained to them. Because inexperienced drivers mimic what they observe from others, they are likely to do the same thing. They must be trained to change their visual reference point when stopping.

**LEGAL STOPPING POINT**

On the approach to the stop sign, look at the base of the pole where it touches the ground. This changes the visual reference point.

As you get closer to the intersection, begin slowing so that you make your final stop where you can see the pole touching the ground just over the hood or dash.

**IDENTIFY THE TARGET VEHICLE**

When making the decision whether to enter an intersection, either straight through or turning onto the cross street, teach the patient/student how to identify the last vehicle they must wait for (target vehicle). Begin this training at simple intersections with the cross traffic not controlled by stop signs on single lane streets, then progress to crossing multiple lane streets. An inexperienced driver, or an experienced driver with high anxiety may be very hesitant to cross a multiple lane street when the cross traffic is not controlled by stop signs. They often will visually track a vehicle as it passes in front of them, losing concentration on the cars following behind it or from the other direction, resulting in a delay in decision making.
They must be taught to be aware of that vehicle, but at the same time ignoring it as the target vehicle.

The use of commentary driving, first by the instructor, then by the driver is very important in identifying the target vehicle. During the early encounters, the instructor would say “Which car is the last one from the right that you need to wait for?” “How about from the left?” Have the driver identify the color and type (sedan, pick-up, large truck, etc.) so that they are visually tracking the correct vehicle. As the driver demonstrates increased awareness of the target vehicle, then add the question of whether they are signaling and/or slowing to turn onto the street occupied by the driver.

Eventually, to be more time efficient, the instructor should simply change his/her question/s to: “What is your target vehicle?” “Can you go?”

Teach the driver that if the target vehicle is continuing straight in front of them, they should begin moving into the intersection when it is directly in front of them, not visually tracking it until it fully clears the intersection. Again, this would delay safely completing the maneuver the driver is planning.

**OBSERVATION OF SIGNAGE**

“Critical Signage” is the signage that the driver must be aware of in order to anticipate what to expect in the immediate driving environment. Ex: stop sign, yield sign, speed limit, signal lights, lane ending, turn only lane, shared turn lane, etc. These may be white, yellow, or orange in color.

Only with accurate scanning and observation of signage will the driver be prepared to make good decisions. Awareness of critical signage will minimize the possibility of the driver being “surprised”.

Painted lane markings are just as important as the posted signs. Every driver is responsible for knowing what the signage means. It is the responsibility of the instructor to correct any lack of observation of signage during the training.
PREPARING FOR SIGNAL LIGHT CHANGES

Regardless of how much driving experience a person has, a signal light changing from green to red is one of the most common “oopsies” that is encountered in routine traffic situations.

The very nature of a signal light is to change. So why are we seemingly surprised when it happens? It is generally because we wait to react to the light changing instead of preparing and responding to it.

One of the more difficult mindsets to teach a driver, both inexperienced and experienced, is to respond to a developing situation rather than reacting to it. The term reacting has the connotation that a person is surprised by something, therefore they do the first thing that comes to mind – right or wrong.

The term responding gives the impression that a person is expecting something and is in control of the situation. If a driver is fully engaged in the driving task and observing the developing situations in front of him, he is deciding ahead of time what he would do if something were to happen. That way, if a situation does develop, he already knows what he will do, respond to the situation, and carry out the plan he has already made. He is much less likely to do the wrong thing.

Stopping safely and at the legal stopping point as a matter of habit begins with the decision making (preparation) that is done long before the signal light changes.

As you approach a green light, begin asking yourself “If the light changes now, what would it take for me to get stopped?” Consider: 1) the speed you are traveling, 2) the distance you have before the legal stopping point, 3) the traffic behind you, and 4) road conditions: wet/dry, rough, gravel, etc.

As you get closer, continue to ask, “O.K., what if it changes now?... What about now?... And now?” The farther away you are, the easier that decision is.

Initially, it would be easy to make a nice smooth stop with no difficulty. As you get closer, your answer would be “I can still get stopped safely, but it would require more braking effort.” A little closer, and it would be “I can do it, but it will take some harder braking. There is someone behind me, but not too close.” Closer still, and your thought would be “I will only be able to stop safely, but it would require more braking effort.” A little closer, and it would be “I can still get stopped safely, but it is jerky or hits the brake hard, the driver behind them may not get stopped in time and hit them.

Eventually, you would say “With the speed I am traveling, and the distance I have left, there is no way I can get stopped safely and legally.” At that point, you would make the decision that even if the light changed, you will commit to continuing through the intersection.

By being engaged in decision making early in the process, you can respond to the light changing and simply carry out your plan rather than being surprised and reacting to it. It may seem elementary, but if this becomes your habit, it will work!

All you have to do at that point is to teach your patient/student how to perform the following skills.

**OBSERVATION/SCANNING SKILLS**

Even while stopped at a signal light or in a line of vehicles at a stop sign it is important to stay engaged with the flow of traffic.

“Keep your head on a swivel” ...Look left, look at the light, look right, look at the light...

The driver must be in a position to see the entire lane of traffic for at least a block in order to make an accurate decision to enter the intersection. The driver must be trained to actually look both left and right at the lane of traffic he/she is about to enter, not simply turning their head in that direction without identifying potential risks or obstacles. Use commentary driving techniques to verbalize what is being observed.

Learn to scan for critical signage. Look in the distance for early recognition. This allows time to make necessary adjustments. Soon after a major intersection there will often be a speed limit sign posted. Learn to scan for lane markings as well as posted signs. Scan for vehicles approaching from the left and right. Determine if they are a threat. Scan for vehicles in front of you and in the oncoming lane, looking for brake lights or turn signals.

**DEFENSIVE DRIVING TECHNIQUES**

1. Use the “two second rule” for the following distance behind another vehicle
2. Perform gradual slowing. While the driver cannot “drive for” the person behind them, they can affect them. If the driver slows gradually, the person behind them will slow gradually as well. If the driver is jerky or hits the brake hard, the driver behind them may not get stopped in time and hit them.
3. Stop where you can see both of the rear tires of the vehicle in front of you touching the pavement. Make their tires your visual reference point, not the bumper
4. Utilize the IPDE technique: Identify, Predict, Decide, Execute
5. In every driving situation ask: “What is the worst possible thing that could happen?” Make a plan to respond in case it does
6. A Driver has three options when following someone going slower than them:
   - a. Slow down and give adequate distance
   - b. Change lanes
   - c. Hit them

While you may laugh at #3, just remember that front to rear collisions happen every day, so people do make that choice.

**ADED’S SPECIAL INTEREST GROUPS**

ADED’s Special Interest Groups (SIG) are communities within ADED that connect members who share common areas of interest and needs in focused sub-groups and diverse practices within the industry.

**CRITERIA & APPLICATION PROCESS TO ESTABLISH A SIG CAN BE FOUND AT:**

**WWW.ADED.NET/SIG**
Volunteer Spotlight

Debbie Bender, OTR/L, CDRS
Valley Health Rehab Services, Winchester, VA

How long and/or in what capacity have you been a volunteer for ADED?
I am going on my 3rd year officially volunteering for ADED as a conference photographer. Whenever I attended conferences prior to that, I usually turned in photos. I was asked to do more photos and officially began volunteering in 2017. I love photography and have a side business. I have had a business license since 1996. I do a lot of photography for the hospital, community, and events. I really enjoy photographing at the ADED conferences. I get to meet a lot of people and see how much work goes on behind the scenes.

What do you wish others would know about ADED?
I wish others knew how much work individuals do in ADED and for the conference. It is a “well-oiled driving machine” that has many dedicated “drivers” going above and beyond to make the organization work!

What other organizations have you volunteered for?
I really enjoy doing community service. I volunteer for an organization called Faith in Action (FIA). FIA provides free transportation to those in our area, mostly for medical appointments. As a CDRS, sometimes I have to recommend driver retirement so providing transportation options is important.

Other than work and family, what other group/people know you best?
It would have to be my church family at Opequon Presbyterian Church. I can be myself and they still love me!

Tell us about the best vacation you ever had, why, and where did you go?
Any vacation that involves snorkeling and swimming with turtles is the best. I did this first in Hawaii, but have also been to Turks and Caicos and St. Thomas.

Do you have any fun trips planned this summer?
My youngest daughter, Kaley is getting married in Hawaii in July!

What is a pet peeve that you have about other drivers?
Blue handicap placards hanging from the rearview mirror while a person is driving. “Remove the blue when you cruise,” I always say.

What is your favorite part of your job?
Right now, it is mentoring another occupational therapist, Sylvia Canturk. She is working towards her driver rehabilitation certification. I love sharing my knowledge of driver rehabilitation and working with clients with her. You never know how much you know until you have to share that knowledge with someone. Sylvia is going to be an awesome CDRS, and she has made my practice better. Good luck Sylvia on the certification exam!

Anything else you’d like us to know about you?
My husband, Bill and I are expecting our first grandson. Our oldest daughter, Erin (also an OT) is due April 14, 2019.
Volunteer Spotlight

Gina Lewis
Adapt-Solutions

What was your first impression of ADED?
A big family of happy, energetic, and passionate people.

How long and/or in what capacity have you been a volunteer for ADED?
My term just ended as the ADED board’s Corporate Representative. I am now the Chairperson of the Marketing Committee.

Tell us about a project you’ve been working on with ADED (include time spent):
I worked on shifting the live auction format, that was held at conference to an online format, the volunteer and micro volunteer drive, and updates and edits to the Code of Ethics.

What is something you appreciate or gain from being an ADED volunteer?
Working with other volunteers allows you to learn and see the industry from someone else’s eyes. You get to make great friends and help shape the future of this great industry.

What do you wish others would know about ADED?
That we kind of follow the Olive Garden slogan, “When you’re here, you’re family.”

What other organizations have you volunteered for?
Most recently, my time is also well spent with NMEDA. I am on their Mediation Committee, the CRP Committee (Compliance Review Program), as well as chair the MQAP Committee, (Manufacturer Quality Assurance Program).

Other than work and family, what other group/people know you best?
I am also quite active in my church.

What superpower would you want to have?
I would like the endless power to heal.

Favorite quote:
“No sense worrying about things you can’t control.”

Favorite Movie:
Casablanca

Name a song/musician that you like to listen to in your car:
David Gray

What is pet peeve that you have about other drivers?
Driving slowly in the fast lane/not understanding that there is a fast lane.

What do you wish your car could do (think futuristic)?
It would be great to be able to travel at light speed. (That might be a little too futuristic...).

Rock, paper or scissors? Why?
Paper. People tend to start with rock... so paper.

Tell a truth and a lie (let us guess which is which):
I’m not afraid of spiders. I’m afraid of clowns.

Would you rather have a baby elephant or piglet? Why?
Oh, I want both! The piglet is the wiser choice. When I was young, we had two pigs... long story. They are really smart and surprisingly clean animals. The elephant would get big, and I am pretty sure the neighbors would notice.

Anything else you’d like us to know about you?
I love my dog. She makes me smile, no matter how my day has gone... seeing her makes everything ok.
NMEDA 2019 Speakers

ADED Track 101

ADED Course: Introduction to Driver Rehabilitation
SPEAKERS: Dan Allison MS, OTR/L, ATP, CDRS & Beth Gibson OTR, CDRS

ADED Track 201

Trouble in the Trenches: How to dig out by using a Clinical Decision-Making Tool
SPEAKER: Tamalea Stone, BAHon, BHSc. OT, OT Reg.

Vision and Driving
SPEAKER: Nathalie Drouin, OTR/L, CDRS, CDI

Beyond the Box: Exploring Creative Approaches to Driving
SPEAKERS: Leah Belle, OTR/L, CDI, CDRS & Nathalie Drouin, OTR/L, CDRS, CDI

Medical Cannabis and Functional Driving Assessments: How and When to Assess On-road
SPEAKER: Nellemarie Hyde, OT, CDRS

AutoCoach 2.0: An Innovative App to Teach Parents of Teens with Cognitive and Physical Disabilities How to Drive
SPEAKERS: Emma Harrington, Ed.M., Matt Abisamra, OTR/L, CDRS, Dan Allison, MS, OTR/L, ATP, CDRS
Get one-button simplicity.

More Compact. 
More Applications. 
More Simplicity.

- Install in SUVs, CUVs, minivans, vans
- Fastest cycle time on market
- Standard safety barrier
- Illuminated platform and hand control
- Easy loading, no belts required*

*Belts needed in only 5% of applications.

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One of the most common concerns among aging drivers and their loved ones is the ever present issue of “taking away the car keys.” Worry about an aging driver’s growing inattentiveness, miscalculations, or confusion behind the wheel frequently start such discussions.

However, it is the ultimate separation of driver from vehicle and the subsequent loss of independence that makes the topic so challenging. Recognizing a lack of cohesive information and guidance on the topic of aging drivers, a coalition of private and public partners launched Safe Drivers Smart Options: Keys to Lifelong Mobility in 2015.

The focal point of the Safe Drivers Smart Options initiative is the www.michigan.gov/agingdriver website. Recognized for excellence by the American Association of Motor Vehicle Administrators and AAMVA’s Public Affairs and Consumer Education awards program, the website provides information and resources for drivers, their families and the professionals who work with them. It includes driving self-assessment tools, videos, links to driver refresher courses, information about how medications and health problems may affect driving, lists of resources available to drivers once they stop driving and other community supports for aging drivers. Families and caregivers will find strategies for initiating conversations about when and how to transition to a non-driving lifestyle included within the website. Information about the aging process and how to most effectively interact with older drivers is adapted for audiences such as law enforcement, healthcare and other professionals. The question becomes how best to determine when to stop driving and what strategies can be developed to ease this difficult milestone so that the aging driver can continue to be a safe, active and mobile member of society. Any plan to assist aging drivers must include the following strategies:
• Help aging drivers continue to drive safely
• Help aging drivers transition to driving retirement
• Support the use of community mobility options

The fastest growing segment of Michigan’s population are residents age 65 and older. Of the state’s 7.1 million licensed drivers, approximately 1.4 million fall within that age bracket.
Also, it is estimated that by 2020, one of every five Michigan drivers will be over 65 years of age. Living in a state heralded as the birthplace of the automobile industry, our love of cars and the freedom they represent is part of our culture. The prospect of losing that independence can be frightening to the point where we may deny or delay taking any action. Inaction may be dangerous. The Safe Drivers Smart Options website provides the roadmap needed to make informed decisions to keep aging loved ones safe and mobile.

Visit the Safe Drivers Smart Options website at www.michigan.gov/agingdriver.

If you have any questions, Carol Reagan, SDSO Operating Committee Chair, may be reached at ReaganC@Michigan.gov or 517.241.3567.
Additional materials such as the SDSO logo, fact sheets are available on the SDSO site at www.michigan.gov/agingdriver on the “About Us” page.

Smart Options For Keeping Aging Drivers Safe

Spread the Word! Share ADED’s Recommended Practices for Driver Rehabilitation & Vehicle Modifications: Guidelines for Vocational Rehabilitation

The Government Relations Ad-Hoc committee has been very active this past year revitalizing ADED Policy 805: Model Practices for Driver Rehabilitation for Individuals with Disabilities. Our committee has finalized the document and renamed it: Recommended Practices for Driver Rehabilitation & Vehicle Modifications; Guidelines for Vocational Rehabilitation. This document was voted and approved by the ADED Board at our transition meeting in December 2018 and is now available for distribution. We are very proud of our work and hope this will assist you in developing long standing relationships in your state and gain more recognition and awareness for the CDRS and NMEDA QAP Partnership. Our goal, as part of our strategic plan, is to now get this document into the hands of policy makers at the state level for vocational rehabilitation.

We will need your help to make this happen. On Monday April 8, NMEDA and ADED were in Washington, DC to unveil the recently-updated Recommended Practices for Driver Rehabilitation & Vehicle Modifications; Guidelines for Vocational Rehabilitation at the Council of State Administrators of Vocational Rehabilitation (CSAVR) spring conference. Amy Schoppman, Government Relations Director for NMEDA and Cassy Churchill, MED Rep for ADED Board and Sales Manager for Clock Mobility presented to the Management Services Committee, which is comprised of vocational rehabilitation (VR) program administrators and other high-level decision-makers from nearly every state. In addition to summarizing the document, Amy and Cassy emphasized that the highly specialized fields of driver rehabilitation and vehicle modifications require educated, trained, and credentialled providers to ensure that VR is funding safe and appropriate automotive independence outcomes for clients. CSAVR member response to the presentation was overwhelmingly positive, with numerous requests for document copies and follow-up discussions. It is difficult to overstate the value of such direct discussions with VR personnel, and we are thrilled to continue developing our relationship with this tremendously important organization.

If interested in an electronic copy of Recommended Practices for Driver Rehabilitation & Vehicle Modifications; Guidelines for Vocational Rehabilitation please contact the ADED office.
In today's world, EZ Lock will continue to provide a safe and reliable product while pushing the boundaries to move away from the discrete world of blinks, beeps and buzzes into a digital future of highly visible LED lights, concise verbal voice notifications and intuitive application features using our common everyday phones and tablets.

**VOICE FEEDBACK NOTIFICATION**

- **“READY”** Chair LOCKED
- **“STOP”** Chair NOT LOCKED
- **“WARNING”** Lock DEACTIVATED
- **“CHAIR UNLOCKED”** Please Roll Back
- **“LOCK RE-ACTIVATED”** System Ready
- **“SOLENOID MALFUNCTION”** Service Required

*PLEASE TURN OFF IGNITION TO UNLOCK CHAIR*

---

**WHEELCHAIR DOCKING SYSTEM**

- **BL-6290**
  - 1 piece base system
- **BL-7317**
  - 2 piece base system
  - detaches for easier maintenance

**MRC-51T**

Manual Release Cable (recommended)

---

**TOUCHPAD**

One button with LED lights

- **Red** - (STOP) wheelchair not locked
- **Yellow** - (WARNING) deactivated
- **Green** - (READY) wheelchair locked

---

*OPTIONAL FEATURES*
WELCOME ADED ALLIES!

ADED Allies Partners are companies that are dedicated to supporting ADED year round through sponsorship of various programs and activities. ADED values the relationship we have with these partner companies, acknowledges their contributions and appreciates their support!

**FIVE STAR ALLIES**

**FOUR STAR ALLIES**

**THREE STAR ALLIES**

**TWO STAR ALLIES**

THANK YOU FOR YOUR SUPPORT
In Memorial: Arthur Robinson

"Arthur gave me my start in the Veterans Administration. He started in driver rehabilitation and saw something in me when I didn’t see myself. He was a mentor to me and taught me a lot of lessons that I still hold dear as a driver rehab specialist, a supervisor, and as a man trying to make my way down this winding road of life. He visited me in Tampa months before he passed, and we went out to lunch. He told me how he was proud of me and how kinesiotherapist have really grown. The only thing I could tell him is that none of that could be possible without him. He is the reason I want to continue to work to serve our veterans and also the reason I want to continue to work in ADED and represent kinesiotherapy in the best way I can. He was truly an amazing man. I miss his laugh and smile.”

Bryan Garrison

ADED Has Lost A Dear Friend

Arthur Robinson, Kinesiotherapist, Driver Rehabilitation Specialist, and Chief of Kinesiotherapy at the Memphis, Tennessee Veterans Administration (VA) Hospital in Tennessee, passed away on February 9, 2019. Arthur was a mentor, a teacher, a team player, and a spiritual leader who was an inspiration to many of us in the field of driver rehabilitation.


Arthur worked as an athletic trainer and physical education teacher before starting a 36-year career at the VA. He worked at the VA in Canandaigua, New York, Shreveport, Louisiana, and Memphis, Tennessee. He was promoted to Chief of Kinesiotherapy in Memphis, where he retired in 2011.

Arthur worked with many volunteer organizations, including the Brown Missionary Baptist Church, numerous children’s organizations, and many organizations for Veterans. He is survived by his travel partner and wife, Virginia, and two sons, Arthur and Anthony.

"Many years ago, Arthur asked me to present at some kinesiotherapy meetings and conferences. He lovingly awarded me with an “honorary KT shirt”, quite an honor for a physical therapist, as I was well aware of the friction between disciplines within the VA at the time. I still wear my shirt proudly!

Another CDRS spoke to Arthur about wanting to purchase a car, “That he thought his wife would divorce him over!” Arthur told him, “You can always buy a car, but a good wife is hard to find!” Another recalls a time that a group was on an outing, and a child was separated from the group. Arthur came to the rescue and located the child. Many of us will recall an ADED banquet where an intruder entered our gathering and stole a passport and wallet from one of our European guests. Arthur had seen the crime from across the room, but could not get there in time to stop it. Later that evening, he saw the same person come back into our banquet. While we all were dancing, Arthur rounded up a group of men, cornered the criminal, and held him until police arrived. The European visitors’ belongings were recovered. When I recognized Arthur the following year for being ADEDS sheriff, he was not pleased, as he always thought that the right thing just needed to be done. To him, it was no big deal. Everyone who knew Arthur has stories of his kindness, generosity, concern for others, and his love. He will be missed by all of us.”

Judi Hamelburg
ADED Awards Program
Categories and Descriptions

The Distinguished Service Award

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

Only one award in this category may be given annually.

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

a. Leadership qualities of the candidate(s).
b. National (or international) exposure or contribution to serving the mobility needs of the disabled person.
c. Research and/or clinical involvement of the candidate(s) relating to mobility of the disabled.
d. Personal philosophy and devotion to the field of mobility for the disabled.
e. Other material, as appropriate.

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

Achievement Award

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

Only one award in this category may be given annually.

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

a. Advancement of driver evaluation and education through leadership, publications, association involvement, and attitudes of clientele, administrators, co-workers, toward the candidate, etc.
b. Interpersonal relationships, professional bearing and prestige, personal sacrifice, public relations efforts, development of equipment or ideas, etc.
c. Acknowledgment of the candidate’s efforts by awards or recognition from other, non-ADEd sources.
d. Other material, as appropriate.

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

The Award for Research and Applied Engineering

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

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

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

The Scholar Award

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

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

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

## Categories and Descriptions

### Commercial Award

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

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

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

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

### Lifetime Honorary Membership Award

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

**Eligibility**

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

**Benefits**

- Recognition of honor (plaque or appropriate keepsake)
- Free lifetime membership to ADED
- Free annual ADED Conference registration

### Instructions For Nominations Submissions

1. Determine candidate’s eligibility for an award by surveying the types and scope of awards made available by the Association.

2. Complete the **online** Nomination for Awards Form and attach supporting documentation. An award candidate must have written, supporting material to be considered for an award. Online nomination form is found on www.aded.net.

3. Upload to the online submission form supporting material for each candidate. The more information provided to support their candidacy the better.

4. With the exception of the Distinguished Service Award, only members of this Association are eligible to nominate candidates for these awards.

**SUBMISSION DEADLINE:** All nominations must be submitted online by May 31st.
North Carolina & Virginia
Chapter Update

The NC/VA Chapter provided a continuing education opportunity on March 16, 2019 at Duke Plaza in Durham, North Carolina. A case study on an occupational therapist with Guillain Barre syndrome was provided by Paige Moore, OTR/L and Mary Breister, OTR/L, CDRS. Information and demonstration of Paige’s van and equipment were shared. Henry Greene, OD, FAAO (Fellow of the American Academy of Optometry) provided a session titled Considerations Regarding Prescribing Biopic Telescopes for Driving and Daily Living. Dr. Greene brought a wide range of biopic lenses and allowed participants to experiment with these. The final session was an overview of Kivi Driving and Mobility Aids provided by Ziad Kalim Wakim. Ziad is the US representative for this Italian-based company. He is based out of North Carolina. Accelerator rings, hand controls, and wheelchair lifts were among the devices that were demonstrated and reviewed.

Western Region Chapter News

The Western Region Chapter of ADED held their annual meeting on February 29, 2019 at Ability Center of San Diego. Sponsored by Ability Center, Golden Boy, MPS, and Sure Grip, the meeting was coordinated by ADED members Penny Anders, Marilyn Sidler, and Amanda Sadesky from Sharp Memorial Hospital.

The meeting agenda included a presentation by Dr. Linda Hill, Director of the University of California at San Diego (UCSD) Training, Research and Education for Driving Center, about the AAA Longitudinal Research On Aging Drivers (LongROAD) Study safety findings. Dr. Thomas Marcotte, Co-Director of the Center for Medicinal Cannabis Research at UCSD discussed the effect of cannabis on driving abilities, methods for evaluating impairment, and barriers to research. Tressa Thompson, California Department of Motor Vehicle Senior Ombudsman, discussed California regulations and policies related to older adults and people with disabilities. The afternoon portion of the meeting featured case presentations by collaborators Penny Anders and Marilyn Sidler and Gus Olguin and Purnima Karla. The final session discussed assessment of driving skills behind the wheel for stroke and multiple sclerosis clients from the perspective of the driving instructor and was presented by Lula Capuchino, OTR, CDRS and driving instructor, and Ken Reynolds a driving instructor and administrator of the California Department of Rehabilitation Mobility Evaluation Program.
## Colorado Chapter Officers

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<th>Chapter Office</th>
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## Florida Chapter Officers

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## Georgia/South Carolina Chapter Officers

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## Kentucky/Tennessee/West Virginia Chapter Officers

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**Iowa/Nebraska**  **Acting officer terms: March 1, 2019-June 30, 2020**

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## Midwest (IN, OH, MN, WI, MI, IL) Chapter Officers

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## North Carolina/Virginia Chapter Officers

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## Northeast (CT, MA, ME, NB, NH, NJ, NL, NS, NY, PA, RI, VT) Chapter Officers

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## Northwest (BC, OR, WA) Chapter Officers

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## Ontario Chapter Officers

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## Texas Established April 17, 2019

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*Updated 04.22.19*
ADED’s Badge and Micro-credential Program

Lynn Rocap, CAE, CMP
Education Director, ADED

You may have heard the buzz that ADED will be launching a badge and micro-credential program this summer. By adding recognition of professional development, we are empowering ADED members to show pride in their driver rehabilitation knowledge and skills. We are excited to share with you some information about this new program that will enhance driver rehabilitation education and elevate your professional development.

Why has ADED chosen to create a badge and micro-credential program? ADED serves distinct groups of driver rehabilitation professionals: individuals just starting out and new to industry (looking for foundational learning), those in the prime of their careers (keeping on the forefront of professional practice and technology), and seasoned professionals (looking for continued growth and advancement). Our goal is to offer individualized learning pathways that fulfill career needs in driver rehabilitation education while acknowledging prior knowledge, skills, and experience. This method of professional development involves connecting existing competencies to evolving knowledge, skills and abilities through effective, multimodal ways of learning. ADED’s badge and micro-credential program is designed to realize an individual’s potential, improve practice, and enhance career development.

Who will benefit from badge and micro-credential program? These programs will be available to all ADED members. Our goal is to provide a thorough mix of multiple offerings that will be applicable to varying levels in the driver rehabilitation profession: entry level, intermediate, and advanced. Our badges will focus on specific topics related to the practice of driver rehabilitation and each badge will concentrate on a relatively small scope of the field. The micro-credential will establish an education path so an earner is equipped to provide service within basic and low-tech programs as per the Spectrum of Driver Services and Driver Rehabilitation Programs. The requirements for each badge and micro-credential will be clearly posted on our program portal so potential badge earners have a road map of the education and proficiencies needed to earn each accolade.

How will ADED execute the badge and micro-credential program? The programs will formalize educational pathways into distinctive frameworks of knowledge, skills, abilities and practices. ADED’s learning platform offers the adaptation and innovation necessary to accommodate a multimodal design that will incorporate live, online, and on-demand educational components. These programs are designed for experiential learning combining theory, research, problem solving, and critical thinking with ethical integration and best practices.

What are the benefits of earning a badge? An ADED-issued badge is an accolade that attests to qualifications, competencies, and knowledge or skill attainment within a relatively small scope of the practice of driver rehabilitation. Badges may be stackable or part of a sequence that can be accumulated over time. Upon successful completion of requirements, a badge earner will be provided an iconic symbol for use in identifying themselves as having earned that accolade. The badge’s symbol will link back to an electronic verification system displaying the metadata which details the requirements an individual has satisfied to earn the credential along with the evidence that a specific individual has indeed satisfied those requirements.

What are the benefits of earning a micro-credential? Earning a micro-credential verifies that you have earned skills that differentiate you academically and professionally. Mastering professionally recognized competencies and skills keeps you at the leading edge of your profession. Micro-credentials are visualized through issuance of a digital iconic symbol, which offers a highly-recognizable way to showcase one’s achievements. The symbol links back to ADED verification system displaying the metadata which details the requirements an individual has satisfied to earn the credential along with the evidence that a specific individual has indeed satisfied those requirements. This will provide communication of your knowledge, skills, achievements, and competencies to employers, colleagues, peers, and the public.

What about the CDRS® credential? ADED’s CDRS® remains the gold-standard in terms of driver rehabilitation service provision. A CDRS® is an experienced practitioner in the field of driver rehabilitation who, through successful completion of a formal certification examination, has proven their capacity to provide services within the full spectrum of driver rehabilitation services. One goal of the badge and micro-credential program is to provide an educational pathway of progressive proficiency for those working towards earning their CDRS®. If you have already earned and are actively maintaining your CDRS® we appreciate your commitment to the driver rehabilitation profession and are planning to offer advanced badges to assist you in continued educational and professional advancement.

Is there any more information? ADED’s Badge Program is outlined in ADED Policy 505. We are planning a segmented roll out of the programs with the badge program launching in the Summer of 2019, the micro-credential program launching early in 2020, and the advanced badges launching in 2021. We will be sending announcements as more information becomes available. We look forward to offering this program to personalize your learning and elevate your professional pride.
BraunAbility is Launching Drive for Inclusion to Create a More Mobility Inclusive Society

BraunAbility is leading the charge to close diversity and inclusion gaps for people with mobility disabilities.

Winamac, Ind. – April 30, 2019 – Drive for Inclusion is the first-ever initiative to unite voices from across the mobility disability spectrum to take action for greater access, and ultimately inclusion. While societal progress is being made in many areas around diversity and inclusion, many of the daily obstacles that prevent inclusion for people with mobility disabilities, which affect one in eight adults, are largely ignored by society as a whole. BraunAbility is launching Drive for Inclusion to ensure these challenges are heard, shared, and used to fuel conversations and actions that increase inclusion.

“Our customers envision living in a society that is inclusive of everyone, regardless of mobility status, yet today, more than 1 in 3 people show an unconscious bias against those with a disability, higher than levels of bias on the basis of gender or race,” says Staci Kroon, CEO of BraunAbility. “We want to understand these issues from a first-person point of view so that we can unify our community and join with them in enacting change.”

BraunAbility, the world’s leading manufacturer of mobility transportation solutions, is inviting any person with a mobility disability, and anyone who cares for someone with a mobility disability, to join the first-of-its-kind online survey community aimed at gathering all voices from the mobility disability space. Go to www.BraunAbility.com/TheDrivingForce to start sharing opinions and stories and become part of The Driving Force for change for a more mobility inclusive world.

The information gathered through The Driving Force will be used to inform future actions that will be championed by BraunAbility and volunteers. BraunAbility plans to release key findings from the survey community in the first annual Drive for Inclusion Report Card in May 2020.

3D Accessible Parking Design

As the inaugural action of Drive for Inclusion, the company is testing the first-ever 3D design for accessible parking spaces.

Abuse of accessible parking is one of the most common issues BraunAbility hears from its customers. In fact, 84 percent are interested in actions aimed at preventing misuse of accessible spaces according to a company survey.

Even people who have a disabled parking permit may not be aware of the rules for access aisles. The 3D design is meant to ensure that the access aisles do not go unnoticed any more. BraunAbility is testing the design to determine if the new look has an impact on preventing people from parking in the access aisle, which is designed for ramp deployment and for people who use wheelchairs to enter and exit their vehicle.

The company has plans to test the 3D access aisles in more communities later this year and, if the test is successful, encourages other businesses to incorporate the design into their parking lots.

“The ADA has been in place for nearly 30 years, but we know our customers face unnecessary burdens in their daily lives all the time,” Kroon says. “Inclusion for people who use wheelchairs or who have mobility challenges can only be possible when everyone is able to fully participate in society, without discrimination, and the barriers preventing inclusion due to bias, lack of understanding, or inadequate access are removed.”

BraunAbility has previously taken action to repaint spaces in its local community and provide education materials to prevent parking misuse, and is now building upon those efforts nationally through Drive for Inclusion.

About BraunAbility

BraunAbility is the world’s leading manufacturer of mobility transportation solutions, including wheelchair accessible vehicles, wheelchair lifts and seating, storage and securement products. Founded nearly 50 years ago by Ralph Braun, the company has grown into the most well-known and trusted name in the mobility industry, bringing independence to millions of individuals across the world. BraunAbility is a wholly owned subsidiary to Patricia Industries, a division of Investor AB Group. Visit www.braunability.com for more information.
An ADED eLearning Channel will provide a dedicated area for specific products and services that will assist professionals as they provide driver rehabilitation services to clients.

Hickory, NC April 1, 2019

Forget free pens and lots of paper. Companies still offer them, but in today’s, “I need it now culture,” writing implements and corporate flyers are not enough to highlight a company’s product and benefits. Driver rehabilitation is an industry focused on quality education offered in a variety of methods. With the expansion of the profession, the expectations for timely product education has been elevated.

Savvy businesses are realizing that if they want to keep driver rehabilitation professionals well informed about their products, they have to offer education that is accessible and on-demand. ADED’s eLearning platform offers a valuable solution to meet this need in this rapidly changing industry. While this may seem like a significant investment for a company, Sure Grip views this as a no-brainer educational strategy that is efficient and effective. It’s no surprise that Sure Grip was first to the table to underwrite this educational initiative and be the first to have their own dedicated channel.

ADED’s Education Director, Lynn Rocap, notes, “An online education channel provides an alternative way for professionals to learn about products, watch videos, peruse published materials, respond to surveys, and view on-demand education. As online learning continues to evolve, ADED members will be presented with even more virtual education options giving them more choices creating a richer, more immersive learning experience.”

Sure Grip’s Director of Corporate Affairs, Russ Newton said, “The opportunity to assist ADED in providing their membership with state of the art online education was just too easy to say yes to. The ability to access quality education from where ever you are is both forward thinking for membership engagement and in keeping with current practice…. congratulations ADED!”

The introduction of a dedicated eLearning Channel bridges the gap in product presentation and education beyond on-site conference exhibitions. ADED members will have direct access to corporate information immediately at their fingertips. Technology keeps the channel dynamic and fluid, keeping driver rehabilitation professionals on the cutting edge of industry products and client solutions. To view this learning channel visit: https://elearning.aded.net/suregrip (Be sure you are logged in to view the page)

About ADED

The Association for Driver Rehabilitation Specialists (ADED) is a non-profit organization of professionals dedicated to promoting safe, independent driving or community mobility for those with disabilities and the aging. The group provides education, research support, and information to professionals working in the fields of driver rehabilitation, education & training, and transportation equipment modifications.

For more information, visit https://www.aded.net

For more information on ADED’s eLearning Channels, please contact Lynn Rocap, Lynn@driver-ed.org, 866-672-9466.
THE ELEMENTS OF SAFETY

**The PeriodIQ Table of Securement!**

**PRESENTS**

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<td>Ac Accessibility</td>
</tr>
</tbody>
</table>

**QSTRAIN®**

**REAR-ENTRY SECUREMENT SYSTEM**

**THE INQLINE FORMULA:**

WINCH + RETRACTORS = CONTROLLED ONBOARDING

**LEARN MORE AT:** [QSTRAIN.COM/INQLINE](http://QSTRAIN.COM/INQLINE)

**INQLINE®**

**REAR-ENTRY SECUREMENT SYSTEM**
ACE Mobility unveiled the JoySpinner to the North American market early last year, and evaluators, dealers, and drivers are already appreciating its unique qualities, technology, and ease of use and simple installation process, resulting in high interest.

The JoySpinner is an innovative adaptive driving steering knob for users with limited hand movement. The JoySpinner can be mounted anywhere on the steering wheel using the provided quick-release BandBase mounting bracket, the most versatile, easy to use and install, and durable mounting bracket in the market.

For the comfort and safety of the end user, this advanced electronic driving aid provides drivers with the ability to safely and intuitively use the secondary driving functions of a vehicle. Its robust functionality includes up to 12 diverse secondary driving functions such as signaling, horn, lights, dimmer, wiper, washer front and rear, hazard, cruise control and more, all from a practical Bluetooth steering device.

ACE Mobility’s JoySpinner is the only controller of its kind that incorporates a mini-joystick to activate its different functions. The unique design of the mini joystick provides a more comfortable and intuitive use over traditional solutions that commonly encompass small individual buttons to activate secondary driving functions.

With the JoySpinner, drivers can operate secondary driving functions through intuitive thumb movements without the need to visually engage with the control panel itself (the JoySpinner) – Hence, it substantially increases drivers focus on actual driving.

JoySpinner’s unique microcontroller technology allows dealers worldwide to install the device on any vehicle within a few hours. Our technology supports all vehicle latest and standard protocols (CanBus, LinBus, FlexRay, and Relay), resulting in worldwide installations on over 500 different vehicle models.

All driving aid systems from ACE Mobility leverage the latest technologies in terms of microcontrollers and flexible protocol connections to vehicle central computer systems. The processors, which is the little control unit that communicates with the JoySpinner and the vehicle, is compact for a simple retro-fitting behind the dashboards and it ensures a non-invasive and clean installation.

For more information call ACE Mobility 1877-ACE-5301
Q’STRAINT Now Offers a Personal Mobility Docking Station On-line Certification Course for Technicians, Dealers, & Sale Representatives

As more and more mobility passengers are transitioning from travel on main-stream fixed-route transit systems like city buses to personal vehicles; Q’STRAINT has responded to this growing demand - through training - by now offering the QLK-150 On-line Certification Course.

What is the QLK-150?
By definition, the QLK-150 is a docking station for independent mobility passengers. According to company officials, the QLK-150 offers more options and features than any other docking system on the market.

U.S. Mobility Passenger Population’s rapid Growth
The U.S. mobility passenger population is expected to grow 120% by 2022, and more and more of this segment are choosing to outfit their personal vehicles to accommodate wheelchair occupant travel.

Q’STRAINT, the manufacturer of the most innovative solutions to advance the safety and effectiveness of wheelchair passenger travel, has responded accordingly by creating the QLK-150 On-line Certification Course. This highly interactive course will teach technicians best practices to properly install and service QLK-150 docking station.

This Course is intended for Mobility Technicians
The interactive on-line course provides a comprehensive overview of the QLK-150 Docking System and its installation.

The course is geared for all mobility technicians who install products like the QLK-150. It is also the perfect fit for personal mobility dealer staff and sales representatives. As an added perk, the on-line certification class satisfies the requirements for industry quality assurance programs.

The course will teach students to understand how docking systems operate as well as the proper techniques to safely secure an independent wheelchair passenger.

Course Incorporates Validation Mechanisms
All lessons conclude with a quiz, to insure each student has a complete understanding of the course’s subject material in order for them to become experts on all the inner workings of the QLK-150 docking station.

Some of the highlights of the course include:
• A general overview of Docking System Securement and how it works
• Proper docking station and interface bracket crash testing
• Wheelchair Interface Bracket installation
• Occupant Securement use

• Docking System Testing
Students, who pass the course, will receive a certificate of completion which is valid for two years.

Whether you are a QLK-150 technician, dealer, or sales representative or a mobility service professional, this course provides content that is relevant and useful for those interested and working in the personal mobility securement industry.
Easy Pull Securement System Safely Pulls Wheelchair Passengers Into Rear-Entry Vehicles

According to the Centers for Disease Control and Prevention, over 100,000 wheelchair-related injuries are treated annually in U.S. emergency rooms. Wheelchair tips and falls account for 65-80% of these injuries. The growing popularity of transport vehicles has made rear-entry a viable onboarding option. The challenge was finding a safe and secure way to board wheelchair users. Seizing the opportunity, AMF-Bruns has introduced Easy Pull – the world’s most innovative rear entry securement system.

Attached to the front of the wheelchair, Easy Pull effortlessly draws the wheelchair inside the vehicle. Once in place, Easy Pull’s securement system secures the wheelchair to the vehicle.

“Easy Pull offers peace-of-mind for both passenger and driver,” says AMF-Bruns of America CEO Peter Haarhuis. “Easy Pull’s wireless remote-control feature eliminates the need for a person having to physically push and secure the front of a wheelchair.”

Utilizing AMF-Bruns’ leading edge technology, Easy Pull helps reduce accidents, trauma and anxiety during the boarding process, creating a positive experience for all involved. Easy Pull, with its compact design and ease of use, has two speed levels and meets all applicable safety regulations. For more information go to www.amfbrunsamerica.com.

New Head & Backrest Seatbelt Anchorage Gives Individuals with a Disability an Option to Drive Again

The Bureau of Transportation Statistics estimates that over 13 million Americans have disabilities impacting their ability to drive. Technological advances in adaptive driving equipment are getting many of these individuals back on the road again. AMF-Bruns has recently introduced an innovative product called the eFutureSafe Head & Backrest Seatbelt Anchorage that is giving many Americans with upper extremity issues an option to drive safely and comfortably.

The new hand-control adjustment feature allows customized head, back and neck adjustments. With two quick movements, eFutureSafe locks behind the wheelchair driver to provide maximum security. The product includes an integrated certified 3-point shoulder belt that can withstand 15G and 20G frontal collisions. When the vehicle is without a wheelchair, eFutureSafe turns inward towards the vehicle wall. A single seat can easily be fitted to the empty position.

“We recently introduced this product at the 2019 NMEDA Conference and the industry response was incredible,” says AMF-Bruns of America CEO Peter Haarhuis. “The hand-control feature was a big hit. These finger-tip controls resonate with with people who have special-needs who want to drive again.” For more information go to www.amfbrunsamerica.com.
As a leading wheelchair accessible vehicle manufacturer, our goal is to work closely with driver rehabilitation specialists to make life accessible for our customers.

Contact us at info@vantagemobility.com for your free initial client assessment guide.

Proud sponsor of ADED 2-day education courses.

855-VMI-VANS  VMIVANS.COM
Have you thought about running for the ADED board, but didn’t know what was involved or the qualifications needed?

For more information contact:
Amy Lane,
Leadership Development Chair
laneak@upmc.edu

**2020 OPEN POSITIONS:**

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

Position descriptions and consent to run forms online:
www.aded.net

**TERMS:**

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

**PERKS:**

Your service on the ADED board of directors is a worthy and worthwhile service to our community.
Service on the board of directors earns you contact hours toward CDRS renewal.
Our vision in 1958 was to be the global leader in wheelchair & occupant securements. We invented the 1st wheelchair safety & anchoring systems.

Opportunity knocked. In 2015 our goal became reality with the launch of our North American headquarters.

**EST 1958. Developed first wheelchair safety & anchoring system.**

**VISIT US:**
- Abilities Expo: May 3-5 • Edison NJ

---

**AMF-Bruns of America**

www.amfbrunsamerica.com

800-677-1615

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**EASYPULL**
WINCH & SECUREMENT SYSTEM

**eFUTURESAFE**
HEAD & BACKREST SEATBELT ANCHORAGE

---

**NewsBrake**

Spring 2019
IDEAL FOR DRIVER REHABILITATION AND OCCUPATIONAL THERAPY

OPTEC PLUS PG Digital
• Extensive test library
• Easy-to-use software interface and recording
• Customizable protocols
• Run tests with glare and glare recovery test

Optec 5000 PG Rehab
• Specially designed 12-slide test package
• Contrast sensitivity testing with F.A.C.T.
• Calibrated day and night testing, with or without glare

STEREO OPTICAL
800.344.9500  stereooptical.com  info@stereooptical.com
**2019 MEMBERSHIP APPLICATION**

Membership period runs January 1 – December 31, 2019

Please provide contact information as you want it to appear on the website directory:

Name: ____________________________ Credentials: ____________________________

Company: __________________________ Telephone Number: __________________

Mailing Address: __________________________

Fax Number: __________________________ E-Mail Address: __________________

Website Address: __________________________

☐ Directory Opt out: please DO NOT post my information on the www.aded.net membership directory

☐ Mailing Address change: I would like my ADED mail to go to this address:

<table>
<thead>
<tr>
<th>Membership Level</th>
<th>Details</th>
<th>Membership Dues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Member</td>
<td>Individual members shall include all persons involved in provision, implementation, or administration directly related to the provision of driver rehabilitation.</td>
<td>Individual</td>
</tr>
<tr>
<td>☐ Individual RENEWING Member: Rate=$145</td>
<td>☐ Individual NEW Member: Rate=$155</td>
<td>$______</td>
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<tr>
<td>Facility Member</td>
<td>A facility member shall be an individual member employed by a business or agency involved in provision, implementation, or administration directly related to the provision of driver rehabilitation.</td>
<td>Facility*</td>
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<tr>
<td>☐ New membership ☐ Renewing membership</td>
<td>☐ Facility Member-LEVEL 1* (1-3 Individuals): Rate=$290</td>
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<tr>
<td>☐ Facility Member-LEVEL 2* (4-6 Individuals): Rate=$580</td>
<td>☐ Facility Member-LEVEL 3* (7-10 Individuals): Rate=$1015</td>
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<tr>
<td>☐ Facility Member-LEVEL 4* (11-15 Individuals): Rate=$1500</td>
<td>☐ Facility Member-LEVEL 5* (16-20 Individuals): Rate=$2000</td>
<td></td>
</tr>
</tbody>
</table>

*PLEASE COMPLETE MEMBERSHIP INFORMATION SHEET ATTACHED

<table>
<thead>
<tr>
<th>Mobility Equipment Dealer</th>
<th>Mobility equipment dealer members shall include businesses involved in providing installation, services, and/or retail sale of equipment, vehicles, or rental vehicles for individuals with disabilities.</th>
<th>Mob. Equip. Dealer</th>
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<td>☐ New membership ☐ Renewing membership</td>
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<table>
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<tr>
<th>Corporate Member</th>
<th>Corporate members shall include businesses solely involved in manufacturing and distributing products used by driver rehabilitation specialists or individuals with disabilities.</th>
<th>Corporate</th>
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<tr>
<td>☐ New membership ☐ Renewing membership</td>
<td>Rate=$550</td>
<td>$______</td>
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<thead>
<tr>
<th>Associate Member</th>
<th>Associate members include students, educators, researchers or other stakeholders with an interest in the mission of the Association who are interested in gaining more knowledge about the field but do not provide driver rehabilitation services. Associate members shall not have voting rights, nor are they eligible to serve as an officer.</th>
<th>Associate</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ New membership ☐ Renewing membership</td>
<td>Rate=$125</td>
<td>$______</td>
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**PLEASE RETURN THIS APPLICATION WITH PAYMENT IN US CURRENCY FOR PROPER PROCESSING.**

REMIT TO: 200 First Ave NW Suite 505 Hickory N.C. 28601. Fax 828-855-1672

For credit card payments: complete the following information and fax to 828-855-1672 or mail to address above.

☐ VISA Account #: __________________________

☐ AMERICAN EXPRESS Expiration Date: month: __________ /year: __________

☐ MASTERCARD CVV# __________

☐ DISCOVER Card Holder’s Name: __________________________

Zip Code of Billing Address: __________________________

Card Holder’s Signature: __________________________
## 2019-ADED COMMITTEES

### EXECUTIVE COMMITTEE-REPORTS TO BOARD PRESIDENT

<table>
<thead>
<tr>
<th>EDUCATION SUBCOMMITTEE</th>
<th>CERTIFICATION SUBCOMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2019 CHAIR (2ND TERM ENDS 2019):</strong> Nathalie Drouin <a href="mailto:NDROUIN@GHS.ORG">NDROUIN@GHS.ORG</a></td>
<td><strong>2019 CO-CHAIR (2ND TERM ENDS 2019):</strong> Sandra Wataoka (AH/TS) <a href="mailto:SANDRAWATAOKA@GMAIL.COM">SANDRAWATAOKA@GMAIL.COM</a></td>
</tr>
<tr>
<td><strong>2019 CO-CHAIR (1ST TERM ENDS 2020):</strong> Ann Clark (AH/TS) <a href="mailto:JSAC@AOL.COM">JSAC@AOL.COM</a></td>
<td><strong>2019 CO-CHAIR (1ST TERM ENDS 2020):</strong> Natalie Goldman (AH)</td>
</tr>
<tr>
<td><strong>2019 CO-CHAIR (1ST TERM ENDS 2019):</strong> Ann Clark (AH/TS)</td>
<td><strong>2019 CO-CHAIR (2ND TERM ENDS 2019):</strong> Kate Lopez (AH/TS)</td>
</tr>
<tr>
<td><strong>2019 CO-CHAIR (2ND TERM ENDS 2019):</strong> Nathalie Goldman (AH)</td>
<td><strong>2019 CHAIR (1ST TERM ENDS 2019):</strong> Mariann Bevenour (AH), Judi Hamelburg (AH)</td>
</tr>
<tr>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Marniann Bevenour (AH), Judi Hamelburg (AH)</td>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Don Sampson (TS)</td>
</tr>
<tr>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Don Sampson (TS)</td>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Susan Miller (AH/TS)</td>
</tr>
<tr>
<td><strong>2019 CHAIR (2ND TERM ENDS 2019):</strong> Natallie Goldman (AH)</td>
<td><strong>2019 CHAIR (2ND TERM ENDS 2019):</strong> Carrie Monagle (AH)</td>
</tr>
</tbody>
</table>

| TEAM: JILL SCLEASE, ASHLEE RICOTTA, TAMALEA STONE, JON GEIGER | TEAM: NATHALIE DROUIN (EDU. COMMITTEE LIAISON), JENNIFER BIRO, JESSE HUNTER, TIM DANTER |

### QUALITY COMMITTEE-REPORTS TO BOARD PRESIDENT ELECT

<table>
<thead>
<tr>
<th>LEADERSHIP DEVELOPMENT SUBCOMMITTEE</th>
<th>PROFESSIONAL DEVELOPMENT SUBCOMMITTEE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2019 CHAIR (2ND TERM ENDS 2019):</strong> Amy Lane <a href="mailto:LANEAK@UPMC.EDU">LANEAK@UPMC.EDU</a></td>
<td><strong>2019 CHAIR (2ND TERM ENDS 2019):</strong> Alyssa Merilees <a href="mailto:ALYSSA.MERILEES.CLETHB@SSSS.GOUV.QC.CA">ALYSSA.MERILEES.CLETHB@SSSS.GOUV.QC.CA</a></td>
</tr>
<tr>
<td><strong>2019 CHAIR (2ND TERM ENDS 2019):</strong> Alyssa Merilees <a href="mailto:ALYSSA.MERILEES.CLETHB@SSSS.GOUV.QC.CA">ALYSSA.MERILEES.CLETHB@SSSS.GOUV.QC.CA</a></td>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Johnell Brooks <a href="mailto:JOBROOK@CLEMSON.EDU">JOBROOK@CLEMSON.EDU</a></td>
</tr>
<tr>
<td><strong>TEAM: LORI BENNER, MARYFRANCES GROSS, CHAD STROWMATT, LEA BERTONI</strong></td>
<td><strong>TEAM: NATHALIE DROUIN (EDU. COMMITTEE LIAISON), JENNIFER BIRO, JESSE HUNTER, TIM DANTER</strong></td>
</tr>
<tr>
<td><strong>TEAM: LORI BENNER, MARYFRANCES GROSS, CHAD STROWMATT, LEA BERTONI</strong></td>
<td><strong>TEAM: LORI BENNER, MARYFRANCES GROSS, CHAD STROWMATT, LEA BERTONI</strong></td>
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<tr>
<th>RESEARCH SUBCOMMITTEE</th>
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<tbody>
<tr>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Johnell Brooks <a href="mailto:JOBROOK@CLEMSON.EDU">JOBROOK@CLEMSON.EDU</a></td>
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<tr>
<td><strong>TEAM: MARY SHOTWELL, CHAD STROWMATT, THERESA PRUDENCIO</strong></td>
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<tr>
<th>FINANCE COMMITTEE-REPORTS TO BOARD TREASURER</th>
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<tbody>
<tr>
<td><strong>2019 CHAIR (1ST TERM ENDS 2019):</strong> Cassandra Johnson <a href="mailto:CDALTONJOHNSON@GMAIL.COM">CDALTONJOHNSON@GMAIL.COM</a></td>
</tr>
<tr>
<td><strong>TEAM: LIZ GREEN, EVA RICHARDVILLE, BRYAN GARRISON</strong></td>
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<tr>
<th>SCHOLARSHIP SUBCOMMITTEE</th>
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<tbody>
<tr>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Robin Strup <a href="mailto:ROBINS@THERAMIBILITY.NET">ROBINS@THERAMIBILITY.NET</a></td>
</tr>
<tr>
<td><strong>TEAM: NATHALIE DROUIN, DANA MOORE-WILLS, KELLY WOOD, MARY SHOTWELL, AMY ANDERSON</strong></td>
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<thead>
<tr>
<th>MARKETING COMMITTEE-REPORTS TO BOARD PAST PRESIDENT</th>
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<tbody>
<tr>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Gina Lewis <a href="mailto:GINALEWIS@ADAPTSOLUTIONS.CA">GINALEWIS@ADAPTSOLUTIONS.CA</a></td>
</tr>
<tr>
<td><strong>TEAM: PUBLICATIONS LIAISON, JASON STROWMATT, JANNETTE CONRAD, KELINA MOORE, KRISTINA WHITE</strong></td>
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<thead>
<tr>
<th>PUBLICATIONS SUBCOMMITTEE</th>
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<tbody>
<tr>
<td><strong>2019 CHAIR (1ST TERM ENDS 2020):</strong> Janet Berthaiume <a href="mailto:JANETBOTRICDRSFNORA@GMAIL.COM">JANETBOTRICDRSFNORA@GMAIL.COM</a></td>
</tr>
<tr>
<td><strong>TEAM: AMY LANE, NIKKI SIMMONS, SUSIE TOUCHINSKY, STACI FRAZIER, AMY BRZUZ, LIZ GREEN (STAFF LIAISON)</strong></td>
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<table>
<thead>
<tr>
<th>AD HOC COMMITTEES-REPORTS TO BOARD PRESIDENT</th>
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<tbody>
<tr>
<td><strong>STANDARDS OF PRACTICE (SP GOAL #1) CHAIR: Dan Allison</strong></td>
</tr>
<tr>
<td><strong>GOVERNMENT RELATIONS (SP GOAL #2) CHAIR: Cassy Churchill</strong></td>
</tr>
<tr>
<td><strong>DRS RECRUITMENT (SP GOAL #5) CHAIR: LIZ GREEN</strong></td>
</tr>
<tr>
<td><strong>DRIVER REHAB. PROG. DEV. TASK FORCE CHAIR: LIZ GREEN</strong></td>
</tr>
<tr>
<td><strong>CDRS EXAM PREPARATION (SP GOAL #5) CHAIR: Joan Cramer</strong></td>
</tr>
<tr>
<td><strong>BODY OF KNOWLEDGE (SP GOAL #4) CHAIR: Beth Rolland</strong></td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>-----------------------</td>
</tr>
<tr>
<td>Elizabeth Green</td>
</tr>
<tr>
<td>Lynn Mortilla-Rocap</td>
</tr>
<tr>
<td>Robert Dant</td>
</tr>
</tbody>
</table>

Executive Director reports to ADED Board of Directors

All staff report to ADED Executive Director
2019 ADED BOARD OF DIRECTORS

Marc Samuels
MS, OT, CDRS
PRESIDENT
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samuelsmarc@hotmail.com

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@drivingtoindependence.com

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@vantagemobility.com

Jannette Conrad
VMI
CORPORATE REPRESENTATIVE
480-236-5898
jannettec
@vantagemobility.com
Carospeed Menox Hand Controls
www.autoadapt.com
Distributed in the USA and Canada by Driving Systems Inc.

Scott System Driving Controls
www.drivingsystems.com info@drivingsystems.com

The Carospeed Menox Hand Control is specifically designed to give physically limited drivers the benefit of control and ease when driving a vehicle. Driving becomes an easy and enjoyable experience with Carospeed Menox.

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

Steering Devices

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

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

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

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

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

SEATING SOLUTIONS
WE’VE GOT THIS