SAVE THE DATE!

2020 ADED ANNUAL CONFERENCE AND EXHIBITS

July 24-28, 2020
Editor’s Note

Fall is a season of inevitable change. It is a time of transformation from summer to fall consisting of cooler weather, changing colors, falling leaves, and small animals gathering food for winter. It is a time for harvesting orchards and vineyards as well as enjoying popular fall items such as apple cider, caramel apples, and pumpkin pie.

Prior to the beginning of fall, major life changes occur such as the first day of kindergarten, or the last “first day” of college, all of which may invoke excitement and anxiety. New experiences can make changes in the brain forming new neuropathways....new connections. How many connections did you make in Lexington? Did you learn something new? Were you reminded of old techniques that became new again? Did you reconnect with old colleagues, or meet new ones? I did, and wanted to share this story with you.

Post-conference, my daughter and I flew out to California for a live taping of Fuller House at Warner Brothers Studios in Burbank, CA. A young 11-year-old girl in the audience was chosen by the host to meet her favorite cast member. Her mother stated she had “low vision”. The host took her hand and carefully guided the girl from her seat. I watched her every move as she was escorted from the audi-

(Continued on page 5)
“Autumn is a second spring when every leaf is a flower.”

- Albert Camus

Ushering in a new season for ADED, this quote seems quite timely. We are on the heels of a successful annual conference, have received the results of the CDRS exam, and will soon roll out our badging and micro-credentialing program. This has been a busy year, but we’re not finished; we have another season to go through before we roll out a new year. What are your plans for the new year? Think about volunteering on an ADED committee, get active in your local chapter, sign up for speaking or ambassador opportunities. This is your association; get the most out of it that you can.

ADED and NMEDA have agreed to co-locate our annual conferences at one location, over the same time period, while sharing the exhibit hall. The first co-located conference will happen in late summer/early fall of the year 2021. This is a huge accomplishment for both organizations considering that while our focus is on the same person (client, caregiver, driver, end-user), our memberships are quite different and have diverse needs. It is a challenge to bring these two groups together and meet expectations, but we are confident it can be done! We are delighted to share space with our friends at NMEDA, as that allows for the opportunity to collaborate and share information. More information will be shared with membership as it becomes available. We have quite a bit of planning and investigation to conduct before announcing any definite dates or locations.

THINGS TO KNOW:

Mark your calendars for the 2020 ADED Conference & Exhibits, July 24-28 in Lansing, Michigan. Next year’s theme is “Drivers of Change” and we are excited to bring ADED to a new location. The staff, team, and related committees are working hard to bring you the exceptional educational sessions, a broad range of exhibitors and networking opportunities that you expect from your professional society.

CDRS Class of 2019: We are happy to welcome a new batch of Certified Driver Rehabilitation Specialists to the ranks! A total of 35 candidates sat for the CDRS examination in August by either taking the exam at conference or at testing centers throughout the US and Canada. We are proud of everyone that sat for the exam and understand that this is an important step in your career.

2020 ADED Membership Drive: October 1st marked the beginning of our annual membership drive. ADED membership runs annually from January through December. Prompt membership renewal ensures uninterrupted membership benefits, ongoing listing in the membership directory and consistent display on the website. Your dues help support the goals and mission of the association. Renewals are on-line through the website. If you have any trouble logging into your account, please e-mail us at info@driver-ed.org.

There are benefits to early renewal! Renew or join between October 1st and November 30th and you will be automatically entered for a chance win a 50% discount conference registration! 20 winners will be awarded this valuable prize.

CDRS renewals: By now, those with CDRS expiring in 2019 should have received multiple renewal reminders. Online renewal applications are available at www.aded.net. To avoid suspension of CDRS status, renewal applications must be in by December 31st. As a reminder, 15% of applications submitted by November 1st are randomly selected for audit; save time by having your supporting documents handy! Those selected for random or mandatory audit will be contacted in writing requesting further documentation. It is the responsibility of each CDRS holder to retain records of attendance and approval for non-ADED approved contact hours.

ADED Board of Directors Elections: Elections ran October 5-20, 2019 for the 2020 ADED Board of Directors. See list of 2020 ADED Board on this page, and the winter issue will be devoted to introducing the new board of directors to membership.

It is my great pleasure and honor to be of service to ADED. The staff is here to assist you, please feel free to contact me, Robert Dant, or Lynn Rocap if you have suggestions or comments. We are here for you! 866-672-9466.

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

2020 Board of Directors

Election results are in and we are pleased to announce the 2020 Board of Directors. Look for a special Meet Your Board section in the Winter issue of the News Brake.

President: Beth Rolland, OTR, CDRS
President-Elect: Bryan Garrison, RKT, CDRS
Past President: Marc Samuels, MS, OT, CDRS
Treasurer: Christine Nelson, MBA, M.Ed., MOT, CBIS, CDRS
Secretary: Staci Frazier, OTR/L, CDI, CDRS
Member at Large: Timothy Brant, CDRS, CDI
Member at Large: Donna Stresel, OTR/L, CDI, CDRS
MED Representative: Monique McGivney/Ability Center
Corporate Representative: Jannette Conrad/VMI

Thank you for the RESNA CEUs. And thank you for a great conference!
Editor’s Note  (Continued from page 3)

Lives have swiveled and changed direction of a circumstance, a random moment that connects like a meteorite striking the earth. Of a circumstance, a random moment that planted may blossom into positive changes in the little girl’s life. My thoughts after observing her navigate her surroundings, confidence managing the environment and her ability to manage stairs without using low vision strategies.

My thoughts after observing her navigate her surroundings were that she may have the potential to someday be a driving candidate. My daughter and I were able to meet this vibrant young girl and her mother after the show. She was very excited to talk to us about meeting the cast and about the new school year. I mentioned I worked with children and adults with problems like herself. At that point, I had the opportunity to share the latest low vision information that would help her daughter in school and in the community i.e. computer, and phone applications including one of my favorites “Seeing AI” to help her identify people from a distance and read text from articles or textbooks in the classroom. I also wanted to make sure her mother knew about telescopic driving; however, I don’t think she was ready to hear about driving for her 6th grader yet! Attending the ADED conference this year sparked my excitement to share our profession with someone and was grateful I was able to share. I hope the ‘little seed’ I planted may blossom into positive changes in the little girl’s life.

“Sometimes the slightest things change the directions of our lives, the merest breath of a circumstance, a random moment that connects like a meteorite striking the earth. Lives have swiveled and changed direction on the strength of a chance remark.”

—Bryce Courtenay

This year’s 43rd ADED Annual Conference and Exhibits in Lexington, KY was amazing! It was an incredible effort of teamwork and talent of ADED staff, the conference planning committee, volunteers, speakers, vendors, exhibitors, sponsors, and auction donors. There were many opportunities to learn throughout the conference, whether your learning style is visual, auditory or touch (olfactory if you’re including lunch!). From excellent speakers, manufacturer demonstrations, soapbox presentations to poster sessions, it was all at the 43rd Annual Conference. If you weren’t able to attend this year’s conference, I hope this edition of NewsBrake captures some of the excellent education and camaraderie amongst attendees.

Remember, this is your newsletter. Please contact me with anything you’d like to know more about or share. Consider writing an article…. you all have something to share! Thank you to all who have contributed, it is greatly appreciated. Enjoy this edition of the NewsBrake!

Janet Berthiaume, OTR/L, CDRS, FNORA
NewsBrake Editor
President’s Address

Thank you for allowing me to be part of one of our industry’s most vital organizations. As ADED’s President, I have been given the opportunity to take a glimpse at our profession from both a helicopter and micro-level point of view. I am happy to report that our foundation is strong and is continuously reinforced and expanded by the ongoing work of our members. We are grounded in ADED’s Best Practice Guidelines, Code of Ethics, our new Vocational Rehabilitation Guidelines, and our internationally-recognized CDRS Certification. ADED is expanding with its upcoming badging program, planned micro-credential, and by clarifying and documenting our foundational ‘Body of Knowledge’ materials. Together we have built an organization that continues to grow and thrive. ADED’s committees continue to develop the tools and educational opportunities vital to keeping ADED on track in our ongoing mission to be:

“A professional network promoting excellence in the field of driver rehabilitation, thought leadership and advocacy in support of safe, independent community mobility.”

The Board of Directors, each of the committee members, and our outstanding executive office staff, all play a vital role in keeping ADED on track with this mission. That said, the heart and soul of ADED is truly the members. ADED’s future is in the hands of its members. We have all seen first hand how the work we do enriches the lives of our clients and creates a safer driving environment for us all. We have come a long way and have a lot to be proud of.

In my opinion, our greatest weakness as an organization is our numbers. Some suggest that we need to better promote our services, to “get the word out” about what we do. But once people know about us, they want to know why their insurance does not cover our services or why there are so few providers to choose from.

Recently I was frustrated by the Clinician’s Guide to Assessing and Counseling Older Drivers - 4th edition (previously the Physician’s Guide 2003). They proposed taking out any recommendation referring clients to a CDRS because of doctors’ complaints that they wanted to follow the guide’s recommendations, but that there are not enough CDRS or DRS in their areas for them to refer clients to. Fortunately, ADED found out about this, actively got involved, and were successful in keeping several of the references to CDRS in place. We all recognize that the doctors’ concerns are valid and must be addressed quickly.

I believe that both the reimbursement issue and the lack of providers dilemmas are intertwined.

Why do so many insurance companies currently offer coverage (even limited coverage) for acupuncture, chiropractic services, massage, aromatherapy, music therapy, art therapy, recreational therapy, Reiki, dry needling, yoga, hypnosis, homeopathy, and herbalism (just to name a few)?

One primary reason insurance covers them is because the people wanting these services advocated for them to be covered. Before many of these services were covered at all, the practitioners of those services were providing them to the general public with self-pay. The public recognized the value of these services and eventually, the insurance providers were pressured to include them in their coverage. In addition to public pressure, we as an industry, need to make our case to potential funding sources in a way that appeals to their bottom line. We do this by conducting and publishing quality research, and using research-driven methods to support our interventions and demonstrate the value of our work. With the help of many of our members, ADED is vigorously generating this research right now.

So, if we are to prosper as a profession, I believe the key will be in maintaining our professional excellence through ongoing professional education, expanding research, and by increasing the number of qualified providers.

This final item is where it gets tricky.

If we want our clients, and their family and friends, to become advocates for our services, we need to be accessible to them. We need to reach out in new ways to connect with, not only those already seeking our services, but also to those who aren’t.

How do we grow the number of providers? (ADED ambassadors... outreach)

I challenge each of you to take up this cause over the next year. If every current member of ADED reaches out, with the goal to inspire at least three people to seriously consider joining our professional ranks, I believe that over the next three years we will double the number of driver rehabilitation specialists in practice today.

The future of our profession is our own hands!
In law school, lawyers learn about a famous contract case involving the Carbolic Smoke Ball Company, which dates back to 1892 in England. The case involved advertising by a company selling a flu remedy called the “Carbolic Smoke Ball.” The advertisement guaranteed the smoke ball would work, and stated if the buyers of the remedy found it did not work, they would be given £100 (a considerable sum of money at that time). A customer named Louisa Carill used the smoke ball several times a day for about two months, but still contracted the flu. When she sought to claim the money that had been advertised, on the basis that the remedy had not kept her from getting the flu, the company refused to pay and the case ended up in court. The company’s defense was that the ad was “mere puffery,” which is an exaggeration, and no reasonable person would take it seriously. The court held the company to the contract and they had to pay Ms. Carill the money she had been promised (see Louisa Carill v Carbolic Smoke Ball Company, 1893).

The Carbolic Smoke Ball case and the court’s discussion of the concept of “puffery” has led to other common expressions such as “blowing smoke” (when the speaker or author is exaggerating) or writing a “puff piece” (when the author is overly positive about a particular topic and there is a lack of critical examination).

So now that you’ve learned some random legal history, you are probably asking yourself, what does this have to do with driver rehabilitation? The manner in which we advertise our services is governed by the ADED Code of Ethics and ADED Best Practice Guidelines, and our advertising will also be subject to legal concepts that relate to “puffery” versus legally enforceable guarantees. Of course, the line between false and/or inappropriate advertising and what constitutes “mere puffery” may not always be clear and that’s where people get into trouble.

Principle E of the ADED Code of Ethics addresses the topic of “Providing Accurate Information Regarding Driver Rehabilitation Services and Qualifications”. Principle E.1 covers restrictions on advertising practices in stating that “Driver Rehabilitation Specialists advertise their services to the public only in an accurate, honest, straightforward manner. They advertise only services that they are qualified and competent to provide. Advertising practices should not disparage or discredit services offered by others.”

When driver rehabilitation program websites include testimonials from satisfied customers, this likely falls into the “puff piece” category, because no one reasonably expects that a driver rehabilitation company would post negative testimonials from unhappy customers. However, if the website includes a customer testimonial such as “Dianna Robertson is the best CDRS in the world because no one else could have helped my son Johnny obtain his license,” there could be a problem, even if this is what the customer truly believed.

Likewise, if advertising includes false or misleading information regarding the qualifications of the providers, such as claiming to be a CDRS when the provider is not (see Principle E.2), or implies that competitors are not qualified (see Principle E.1 and Principle F.1), these statements are likely in contravention to the ADED Code of Ethics. I have personally known of CDRSs who have let their credentials expire, but have not removed the designation from their advertising. Thankfully, rather than trying to personally be the credential police, a quick note to ADED administration will result in a reminder from ADED to the offender.

I also recently learned of a driver rehabilitation provider who was issuing clients official-looking diplomas/ certificates upon completion of their program. The concern here would be if the clients are under the false understanding that the “certificate” is some type of officially recognized document/license, conferring some right or status, versus a symbolic recognition of their participation in the program.

When driver rehabilitation programs advertise special deals (such as a discount on a larger number of sessions versus a higher hourly rate for driver rehab training) or guarantees (“we guarantee success”), these offers likely offend the professional standards of ADED, even if not explicitly stated in the Code of Ethics or Best Practice documents.

The bottom line is that driver rehabilitation specialists and the programs they work for need to ensure that all advertising and claims about their services are accurate, professional, and serve to promote the reputation of our profession in the wider community.

Keeping with the “smoke” theme, I will leave you with a quote from the 1978 Cheech and Chong movie Up in Smoke:

Arresting Officer: “Sir, could I please see your license?”
Pedro: “Whuut?”
Arresting Officer: “Your license. Where’s your license?”
Pedro: “It’s back there on the bumper, man!”
Arresting Officer: “No, I mean your DRIVER’S license.”

(photograph retrieved from https://en.wikipedia.org/wiki/Carlill_v_Carbolic_Smoke_Ball_Co)
The research committee facilitated the poster session at the 2019 Annual ADED Conference. Eleven posters were presented by a variety of disciplines. Following the poster presentation, the committee conducted a session during the annual meeting. Thirty conference participants attended the Tuesday morning session, “Conversations that Matter: Research Roundtable.” Some of the topics discussed in the session included: anxiety and driving; driving after concussion; partnering with OTD programs to facilitate research; low vision and driving; using gaming to facilitate driving skills; useful field of view and driving; in-vehicle digital interface; cognitive science and driving; availability of CDRS vs. clinical generalist for driving assessment; visual perception and neglect; driving using feet vs. hand controls for people with amputations and/or peripheral neuropathy; evidence used by the authorities in making recommendations related to driving; legal issues related to driving; aging/seniors and driving. The session discussed practical ways in which practitioners might develop and implement projects as well as suggestions for partnering with universities for clinicians to get assistance with research projects. Ideas from this session will be incorporated in the development of a proposal for next year’s conference as there appears to be interest among ADED members in understanding and conducting research.

The research committee is assisting President-Elect Beth Rolland in her portion of the ADED Strategic Plan to help members synthesize evidence related to driver rehabilitation. This project is anticipated to take several years and our committee will serve as a resource. If you are interested in helping with this project or know someone who might be interested in helping, please reach out to Johnell Brooks (jobrook@clemson.edu) or Beth Rolland (beth.rolland7@gmail.com).

**Real-time Research Project:** The Driving Risk Calculator

**Committee Members:** Johnell Brooks (Chair), Mary Shotwell, Chad Strowmatt, Teresa Prudencio

The research committee continues to work with Ann Forrest Clark on her project to develop a model to predict which assessment tools seem to be most useful in identifying low, medium and high risk for challenges in driving. At this point, the committee has worked with Ann to refine a survey measure and to develop an IRB application (Institutional Review Board) to survey ADED members about her model. The IRB application has been approved, and if you are interested in volunteering please read the 1) recruitment letter and 2) the informational letter. The survey will take approximately one hour. In exchange for your participation in this survey, the Certification Committee has agreed to award one hour of continuing education for your participation which will involve reading documents as well as careful reflection in order to answer the survey questions. We hope that most of our members will participate in this survey project. As a reminder, the research committee is using this project as a “demonstration” of how to develop, implement and disseminate research. If timing works out, we hope to present the findings at next year’s conference in Lansing, MI. Thank you in advance for your participation.

The survey is located at https://tinyurl.com/drivingriskcalculator

Lastly, the research committee is exploring methods to provide researchers and students access to ADED members for potential participation in research, while at the same time, not inundating our members with requests to participate in research. If you have suggestions for how we might balance access with advancing research in our field, please reach out to Johnell Brooks at jobrook@clemson.edu

Ann Forrest Clark developed the **Driving Risk Calculator** to provide one approach to standardization of testing and interpreting clinical skills that could be used by several clinicians.

Determination of potential risk for involvement in a crash while operating a motor vehicle requires a high level of clinical reasoning. Objective standardized testing with clear results would be ideal when a clinician is assessing skills related to driving. Rarely is the performance on a single test a conclusive indicator of future potential performance behind the wheel. It is the composite performance of all the areas tested along with the consideration of driving and medical history that need to be considered in the decision-making process. The Driving Risk Calculator (DRC) helps to guide the interpretation of clinical skills testing results and examine medical and driving history. The DRC is based upon ADED’s best practices, the knowledge gained through attendance at ADED conferences and chapter meetings, and many years of clinical experience.

**Survey Study**

The goal of this study is to gain feedback on the Driving Risk Calculator from a broad spectrum of driving rehabilitation providers representing many regions with varying amounts of experience to improve the tool. The end goal of creating the Driving Risk Calculator is to provide this tool to all ADED members at no cost.

**Instructions**

This survey must be completed in one session. The link to the survey is https://tinyurl.com/drivingriskcalculator. This survey will take approximately 1 hour to complete. Please answer all questions to the best of your ability before moving to the next page. You can download the Driving Risk Calculator to facilitate survey completion and the background history of the Driving Risk Calculator after you provide your consent to participate in the study.

Incentive for participation: 1 ADED contact hour in exchange for completing the survey

The final item of the survey will provide the link and passcode for you to complete your contact hour form where you will enter your name and email address. The link for the ADED contact hour is completely separate from the survey. The research team will not have your name. ADED will not have your survey responses.

We gathered a lot of information and were introduced to several new vendors.

Getting a contact name to vendors is very important.
KEY INFORMATION ABOUT THE RESEARCH STUDY

Voluntary Consent: Johnell Brooks, Ph.D. and her team are inviting you to volunteer for a research study. Dr. Brooks is an associate professor at Clemson University. You may choose not to take part and you may choose to stop taking part at any time. You will not be punished in any way if you decide not to be in the study or to stop taking part in the study.

Alternative to Participation: Participation is voluntary and the only alternative is to not participate.

Study Purpose: The purpose of this research is to gather feedback from ADED members on the Driving Risk Calculator. The Driving Risk Calculator was developed to provide one approach to standardization of testing and interpreting clinical skills. The goal of this study is to gain feedback on the Driving Risk Calculator from a broad spectrum of driving rehabilitation providers representing many geographic regions with varying amounts of experience to improve the tool. The end goal of creating the Driving Risk Calculator is to provide this tool to all ADED members at no cost.

Activities and Procedures: Your part in the study will be to complete an online survey. You will answer background questions and then several questions regarding the components and thresholds on the Driving Risk Calculator.

Participation Time: The amount of time required for your participation is estimated to be about one hour. The online survey needs to be completed in one session (rather than coming back to it across multiple sessions). All ADED members will be invited to participate in this study.

Risks and Discomforts: We do not know of any risks or discomfort for you in this research study.

Possible Benefits: While you may not benefit directly from the study, we will share the knowledge gained in this study so it is available and can be utilized by all ADED members in the future.

INCENTIVES: You may earn 1 ADED contact hour for completing this survey. Note: At the end of the survey, as the final item, ADED’s link and passcode will be provided to complete ADED’s form for the contact hour. The ADED form and the research survey are not linked. Individuals who complete the survey will have the option to enter their name and email address on ADED’s form to earn 1 contact hour. One’s name and email are needed for the individual to earn the contact hour. There is no way to link the names and data.

PROTECTION OF PRIVACY AND CONFIDENTIALITY
The results of this study may be published in scientific journals, professional publications, or educational presentations; however, no individual participant will be identified. The information collected during the study will not be used or distributed for future research studies. You will never enter your name on the research survey.

CONTACT INFORMATION
If you have any questions or concerns about your rights in this research study, please contact the Clemson University Office of Research Compliance (ORC) at 864-656-0636 or irb@clemson.edu. If you are outside of the Upstate South Carolina area, please use the ORC’s toll-free number, 866-297-3071. The Clemson IRB will not be able to answer some study-specific questions. However, you may contact the Clemson IRB if the research staff cannot be reached or if you wish to speak with someone other than the research staff.

If you have any study related questions or if any problems arise, please contact Johnell Brooks, PhD at Clemson University at 864-283-7272.

CONSENT
By participating in the study, you indicate that you have read the information written above, are at least 18 years of age, have been allowed to ask any questions, and you are voluntarily choosing to take part in this research. You do not give up any legal rights by taking part in this research study.

OVERALL
Overall, I had a great first conference and learned a lot. Everyone was very nice and the mentor program was awesome. More than happy that I attended and will come again. Thank you to all who put all of this together.
CONFERENCE COVERAGE

PROFESSIONAL PRIDE

DED THANKS THE 2019 SPONSORS
Ace Mobility
Adapt Mobility
Braunability
Bruno Independent Living Aids
Crescent Industries
EZ Lock
Joyceer
Vehicles
MPP/Guide Industries
NEMBA
Panvian
Q-Strait/Savvys
Sterling Optical
Surf City

PROFESSIONAL PRIDE

NewsBrake
Fall 2019
ADED’s Silent Auction Raising Funds for Driver Rehab Education

Thank you to our silent auction donors:

A’la Carte Promotional Products
Adapt Solutions
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Ann Forrest Clark
Beth Gibson
Clock Mobility
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Greg Long
Janet Berthiaume
Judi Hamelburg
MPS
NMEDA
OS Brake, Inc.
Q’Straint
Staci Frazier
Sure Grip Hand Controls

Together, we raised $6,042.00 to support ADED’s Memorial Scholarship Fund!
CONFERENCE COVERAGE

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Nellemarie Hyde has been a driving force in the advancement and advocacy of driver rehabilitation, most notably in the province of Ontario and Canada.

After completing her bachelor’s degree in Psychology and her postgraduate studies in Occupational Therapy, she began working as an OT. Within four years, she assumed the role of Program Coordinator of the Driver Rehabilitation Services at Bloorview MacMillan Center. In her current role, she continues as the Program Coordinator, at Saint Elizabeth, Driver Assessment & Training in Toronto.

Nellemarie Hyde’s accomplishments with respect to the advancement of driver services in her region are numerous. For example: she has played a significant role in implementing the Ontario Ministry of Transportation’s approved ‘Functional Driving Assessments’ for clients with significant visual field deficits. She has served as Chair of the Aging Driver Task Force for the Ontario Society of Occupational Therapists.

Nellemarie’s leadership and advocacy efforts have not gone unnoticed. She has held the position of ADED Ontario Chapter President, completing two-terms of office. She has been recognized for her performance and leadership within her organization and has been asked to participate in many research and clinical initiatives pertaining to medical fitness to drive. Nellemarie has authored and co-authored articles and presented to both professional and public audiences on the topic of driving and medical fitness to drive. A few notable presentations include her participation in webinars with the National Heart & Stroke Foundation on Returning to Driving Post-Stroke, and has not only presented, but also recorded a webinar on “Medical Cannabis and Driving” the ADED education portal.

Due to these and her many other outstanding contributions in driver rehabilitation, congratulations to Nellemarie Hyde as the recipient of the ADED Achievement Award.

From Nellemarie: “I was truly delighted to learn I had been awarded the ADED Achievement Award earlier this summer. During my time with ADED I have worn several different hats – the new driver rehab OT with a VIP ribbon, the secretary and president of the Ontario chapter, presenter to the public and educator of my peers. However, my true passion for driver rehab lies in working with everyday people from all walks of life. Thank you to all of you, my colleagues, mentors, and peers for recognizing me in doing what I love. I am truly honoured and grateful for this award. Nellemarie Hyde BSc (OT) Reg. (Ont)

P.S. Please note, I did not spell ‘honoured’, just doin’ things the Canadian way. :)

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 the mobility of persons with disability.

Doug Evans

Doug Evans is a mechanical engineer who is energetic, positive and the founder and creative force of DriveSafety. He is probably one of the easiest engineers to talk to, as he does an incredible job of marrying his technology innovations to meet the needs of the CDRS.

While in graduate school at the University of Iowa, he was part of a group of engineers that built the National Advanced Driving Simulator—the world’s most advanced ground vehicle simulator. This was a spinoff of a 50+ million-dollar National Science Foundation project and, with already decades of research and use, it is still in operation today.

His technical background is in vehicle and transportation systems modeling, as well as in operator performance measurement. Over the past twenty years, he has developed high-quality applications of interactive driving simulation for medical professionals and clinicians to use. An overarching theme in his many projects has been the goal of providing the highest quality tools in the most affordable way possible.

His list of accomplishments and appointments is lengthy, for example:

- He is an appointed member of the National Academies’ Transportation Research Board Committee on Operator Education and Regulation, as well as, the Committee on Simulation and Measurement of Vehicle and Operator Performance. Doug was an industry leader in the development of high-fidelity roadway and interactive traffic simulation models.

- He has held technical positions with the Engineering Computer Graphics Laboratory and the Civil Engineering Department of Brigham Young University, Suter & Suter AG of Basel, Switzerland, the National Science Foundation Center for Computer Aided Design at the University of Iowa, and as a private consultant in the simulation industry prior to co-founding Hyperion Technologies in 1995.

- In addition to his role as advisor and board member, Doug has served as CEO of DriveSafety, and as Director of Terrain Experts, Inc. More recently, in collaboration with some of our talented OTs, researchers and ADED mem-

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bers, his recent work in clinical rehabilitation and patient performance measurement is breaking new ground on what can be accomplished in the clinic.

For those who have had the pleasure of getting to know him, you would agree that he has been unbelievably passionate about helping us to assist our clients in the clinic and ultimately on the road.

Congratulations to Doug Evans as the recipient of the ADED Research & Applied Engineering Award.

From Doug:

“As I think of the amazing and talented people in this field, I’m reminded of a funny meme I heard the other day. You’ve probably heard the one about the teacher who asked her class what the difference is between ignorance and apathy? One smart-aleck kid piped up and said, “I don’t know, and I don’t care!” ... I mention this because ignorance and apathy are the very opposite of what I see among you in the very special field of driver rehabilitation! I have always been impressed by the range of knowledge required and the deep caring shown by you in this demanding area. You have my respect and admiration.

The terms “Research” and “Applied Engineering” in this award do characterize what I personally have loved about working in this field:

- **Research** represents a disciplined pursuit of knowledge – hopefully of things that matter and can make a difference!
- **Applied engineering** represents a focused effort to apply data and knowledge from science to create something useful.

It is my great hope that we at DriveSafety are doing some good in this regard.

Appreciatively,

Doug Evans

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**2019 ADED Annual Awards**

**Nathalie Drouin, OTR/L, CDRS, CDI**
Education Committee Chair

**Sandra Wataoka, OTR, CDRS, CDI**
Certification Committee Chair

**Amy Lane, OTR/L, CDRS**
Leadership Development Chair

**Ian McClure**
Presidential Citation

**Beth Gibson, OTR/L, CDRS**
Volunteer Service Award

**Raechaell Corbett, OT**
Presidential Citation

**Kelly Wood, OTR/L, CDRS**
Presidential Citation

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2019 Awards and Citations
A Road Map for Driver Rehabilitation Education: Dissecting the Path – ADED’s Guiding Documents

ADED works hard to provide a multifaceted approach to education encompassing documents, courses, conferences, networking, professional development, resources, and mentorship. The foundation of ADED’s learning begins with our guiding documents. These documents are woven into all ADED 2-day courses and are referenced often during conference workshops and seminars. The information encompassed in these documents is extensive as well as fluid. Driver rehabilitation is an ever-changing discipline that undergoes continual development. Research, technology, knowledge, and experience in this field are continually expanding and appropriate treatments and therapies may be subject to change. Updates and revisions of the guiding documents are a necessity to ensure they remain up-to-date. Let’s take a moment to review 4 of these guiding documents.

The ADED Code of Ethics is a set of principles set forth to guide the professional conduct of Driver Rehabilitation Specialists. The establishment of the Code of Ethics demonstrates ADED’s commitment to fostering excellence in the field of driver rehabilitation. It is ADED’s position that any person involved in the delivery of driver rehabilitation services (including but not limited to driver rehabilitation specialists, driver educators, allied health professionals, mobility equipment vendors, manufacturers, clients, and families) will conduct themselves in an ethical and professional manner. In order to promote the best outcome for clients, prudent clinical judgment should be used at all times, including consideration of applicable laws and other guidelines or resources that may exist regarding the delivery of driver rehabilitation services. This document does not stand alone: it is to be used in conjunction with the ADED Code of Ethics. Together, these documents form a firm foundation for the driver rehabilitation profession.

The Spectrum of Driver Services / Spectrum of Driver Rehabilitation Program Services helps identify where different driver programs fit in the spectrum. It also assists consumers and stakeholders in understanding the differences in driver services that are available and where they should go for these services. The document format allows for a quick reference to each program type, who typically provides the service, the expected knowledge of the provider, and what services the program should be offering to assist in determining the right services for the right people at the right time.

The Recommended Practices for Driver Rehabilitation & Vehicle Modifications Guidelines for Vocational Rehabilitation was developed by a coalition of automotive mobility industry professionals, including members of ADED, NMEDA, and representatives from Vocational Rehabilitation (VR) Agencies. The document was provided to state Vocational Rehabilitation Agencies to assist in promoting safety, quality, consistency, and fiscal responsibility in the provision of driver rehabilitation and vehicle modification services to individuals with disabilities. This document offers information that can be used to develop new driver rehabilitation and vehicle modification procedures or refine existing VR policy.

To simplify the location of all these resources, all members have free access to them on ADED’s eLearning platform: https://elearning.aded.net. Once on the eLearning portal log in (use the same login you do for the ADED website) navigate to the Members Only section and select ADED Resources - Guiding Documents. Stay tuned for more information as future NewsBrake articles continue to explore and dissect each path of ADED’s Road Map for Driver Rehabilitation Education.
A New Perspective

Like many of you, I know that what we do makes a significant impact on the lives of folks we encounter. But let me tell you, I have gained an entirely new perspective. For those that did not hear; on August 4, just before the ADED conference and my planned retirement, I was working on a ladder and fell about 8 feet landing on my right heel crushing the calcaneus. My best-laid plans were changed in a second. I was not able to attend the conference, had to postpone my retirement, was not able to help my daughter move into her new home, and my mobility was severely impaired. In short, my life changed.

I share this not for sympathy or pity, but for the many blessings and the enlightenment it has brought to me.

What have I learned: Listen to your wife – Don’t you go up that ladder till I get there. Unlike gymnasts, it is not always good to “stick” the landing, there is a reason that you should roll when you fall, especially when you are old! Manual wheelchairs are awesome to assist with mobility, but they are awful to load into your vehicle (especially in 95-degree weather). Hand controls and a spinner knob sure do come in handy.

My Blessings: I have many loving and caring friends. I just have a temporary impairment – I will regain my independent mobility – at worst with a cane. It has made me slow down and truly take one day at a time. It has increased my empathy to an entirely new level, realizing that most of the folks I see will not regain their previous level of independence. I work in a rehab hospital that was able to provide me with mobility aids within days. I had a vendor that installed hand controls in my truck within 2 weeks of my injury. I can’t imagine our clients (especially those that are already marginalized) that must wait and fight to get basic, safe, and appropriate equipment. It has continually blessed me in realizing how fragile life truly is, never take it for granted, and that it can change in the blink of an eye!

Again, so many thanks to my ADED friends, you truly are family to me, seriously – I mean that from the bottom of my heart.

Bottom line, as I have said before, regardless of where you are, never forget the accomplishments you make, the lives you touch, and the direction you are headed.

From one of my favorite teachers:

Love yourself - accept yourself - forgive yourself - and be good to yourself, because without you the rest of us are without a source of many wonderful things.

—Leo Buscaglia

All my best, thanks for all you do,
Dan Allison, MS, OTR/L, ATP, CDRS

16 News Brake
CERTIFICATION SUBCOMMITTEE  
Sandra Wataoka & Ann Clark  
Certification Committee Activity Overview  
1. CDRS Exam work: The committee retired seven items from the exam question bank due to out of date information, updated others and wrote many new items. Our goal remains to align the exam with best practices and evidence-based research.  
2. CE Event Reviews: 58 continuing education events were reviewed in 2018, 32 to date in 2019. Largest number approval requests come in at renewal time.  
3. Policy Review: Four certification policies were updated, and we created a 406.1 sub policy to increase clarity of information needed for CE approval applications  
4. No falsification investigations were performed in 2018/2019.  
5. CDRS Renewal Audits: 29 audits completed - 27 passed, Two failed audits did not renew  
2019 CDRS Exam: 35 individuals sat for the exam during the month of August both at Conference and remote testing sites. Class of 2019 is listed in this issue.  
Committee Recruitment  
We have two committee members that will be completing their terms of service at the end of December 2019. We actively recruited new CDRS members who are interested in serving the organization for a two-year commitment.  
Please contact committee co-chairs with questions: Sandra Wataoka – sandrawataoka@gmail.com or Ann Forrest Clark – jsafc@aol.com  
PROFESSIONAL DEVELOPMENT SUBCOMMITTEE  
Submitted by Alyssa Merilees, outgoing PDC Chair  
The Professional Development Committee (PDC) is comprised of Alyssa Merilees (outgoing chair), Jennifer Biro, Tim Danter and Jesse Hunter. The focus of the committee this past year (2018-2019) has been the development of the Specialized Instructor Badge. Through consultation with various parties and analysis of what courses were already offered within the organization, we identified the course development needs (core courses) for the badge. Our committee then produced the initial badging matrix for the Specialized Instructor Badge and participated in its revision with Lynn Rocap, Education Director and the badging ad-hoc committee/task force.  
More recently this summer, the committee started work on our new responsibilities within the badging program, which includes new badge development. As requested, we reviewed and provided feedback on the document, Procedures for Developing ADED Badges. We also have begun our needs assessment by developing a short questionnaire to be sent out to the membership regarding new badge development. Look for this questionnaire in your inboxes soon…your participation is imperative! By letting us know your continuing education needs and interests, you will help us to develop Badges that work for you!  
Last but not least, the committee is happy to welcome aboard its new chair, Nathalie Droutin. Formerly the chair of the Education Committee, Nathalie is well placed to lead the committee in its role of new badge development.  
MARKETING  
Gina Lewis  
The current focus and efforts of the Marketing Committee include new badges and micro-credential marketing and the photo contest.  
AD HOC: STANDARDS OF PRACTICE  
Dan Allison  
The Standards of Practice Committee is in the process of drafting a complaint resolution process as part of the ADED strategic plan. We have updated the tactics and timeline as it relates to the ADED strategic plan:  
- Review the ATP Complaint Resolution Model for applicability to ADED’s needs. Identify positives, negatives, and what is missing from ADED/CDRS perspective.  
Timeline: Due 9/25/19  
Draft ADED Complaint Resolution Policy using information learned from model review.  
AD HOC: GOVERNMENT RELATIONS  
Cassy Churchill  
The Ad Hoc Government Relations Committee has finalized the Recommended Practices for Driver Rehabilitation and Vehicle Modifications for Vocational Rehabilitation. Copies of this resource, as well as a presentation that may be used to share this resource with state vocational rehabilitation groups, is available to support ADED members. This presentation was shared on Tuesday at the ADED Conference in Lexington. These resources may be found on the ADED website. Please reach out to the executive office for details on obtaining a copy of the prepared presentation. This resource is a guideline to support the role of driver rehabilitation specialists and the application of best practices within vocational rehabilitation agencies.  
AD HOC: BODY OF KNOWLEDGE  
Beth Rolland  
The Board has appointed an Ad Hoc Committee to compile ADED’s Body of Knowledge. For those of you unfamiliar with the term, “a Body of Knowledge is a list of knowledge, skills, and abilities (competencies), organized into an integrated structure (taxonomy) with a specific level of accomplishment specified for each competency (proficiency). It is the sum of knowledge within a profession that includes proven traditional practices that are widely accepted, emerging innovative practices as well as published and unpublished material. It is a living body of information that requires updating and feeding to remain current.” (NOVEMBER 2008 www.asse.org) You will hear more about this project as it takes shape. * * * * * * *  
ADED is seeking volunteers for the following committees:  
- Education Committee  
- Publications Committee
Dual-Tasking and Simulated Driving in Parkinson’s Disease: Taking Steps to Prolong Independence

A driver’s license is a marker of independence in the US and many other developed countries, and when abruptly taken away, has been shown to negatively impact the long-term prognosis of individuals with many different diagnoses (Chihuri et al., 2016). Parkinson’s disease (PD) is one of the most prevalent neurodegenerative conditions in the world and typically results in many neuro-motor and neuro-cognitive deficits that can have a significant impact on driving ability, often leading to revocation of driving privileges (Crizzle, Classen, & Uc, 2012; Devos et al., 2013; Wong et al., 2019). Devlin and McGillivray (2014) found that individuals with PD typically choose to stop driving or are no longer considered safe to drive many years earlier than their healthy, age-matched peers. This contributes to increased dependence, lower self-efficacy, and a quicker decline in overall health for this population (Chihuri et al., 2016). With proper intervention to prolong existing skills, compensation techniques for overcoming deficits, and adaptations to change how the task of driving is performed, it may be possible to help this population prolong their health and independence through the occupation of driving.

Driving is a task that typically involves many skills that are known to be impacted by PD (Crizzle, Classen, & Uc, 2012; Devos et al., 2013). Specifically, it requires smooth integration of cognitive and motor actions including the use of both upper and lower extremities in a coordinated fashion to propel the car forward, for safe braking, and for maintaining the vehicle’s position on the road. It also relies upon the driver’s ability to sustain and divide their attention to attend to explicit cues in the environment such as road signs and stop lights, and implicit cues such as maintaining safe driving distances and proper speeds that correspond to driving conditions.

Many studies have mapped the motor and cognitive deficits that occur with PD, but very few have generalizable results that shed light on how they specifically play out during the task of driving. Previous research regarding dual-tasking and how people shift their attention in PD focused on walking combined with another motor or cognitive task, however, generalization beyond walking is largely unexplored. Postural control (balance) is another element that is also challenged with PD and may increase the difficulty of dual-tasking. Removing the need to control standing posture by performing dual-tasking in a seated position allows for a more accurate measurement of PD related deficits and for findings that are more generalizable to the task of driving.

An additional purpose of the study is exploring the personal implications of driving cessation for this population, captured through the use of open-ended questions. The data will be used to consider the feasibility of creating a community-based program that assists individuals with PD by providing them with a better understanding of PD-related changes impacting driving performance. It will also provide them with tools to be able to monitor and improve these skills, and when necessary, access to community resources such as certified driving rehab specialists to assist in reaching their mobility goals.

Ultimately, the goal of this study is to improve the driving safety, independence in community mobility, and most of all, the quality of life for individuals with PD. Providing reliable data is key to creating effective evidence-based rehabilitation protocols and strengthening community support through outreach programs. This study is in the final phase of data collection and is expected to be completed by mid 2020. We anticipate reporting our findings at the 2020 annual ADED national conference in Lansing, MI. We hope to see you all there!

References


Police Interaction Course for Students with Autism
Hosted by Marianjoy Rehabilitation Hospital and the DuPage County Sheriff’s Department

Wheaton, IL – Flashing lights, sirens, loud voices, commands – a traffic stop is panic inducing for most people, but can escalate into a dangerous situation for people with autism. Marianjoy Rehabilitation Hospital, a part of Northwestern Medicine, is collaborating with the DuPage County Sheriff’s Department to teach young drivers with autism how to respond and comply with police officers’ questions during a traffic stop. The first Police Interaction Course will be held Wednesday, June 21, 2017 at 3:30 p.m. at Marianjoy Rehabilitation Hospital in Wheaton.

This course is the first in what organizers hope will develop into a series of small classes of four- to-five students at a time, grouped by diagnostic condition, at the Marianjoy Drivers Rehabilitation Program. Marianjoy occupational therapist Brandon Lesch says many of the students in the program are teens on the autism spectrum and are at higher risk when interacting with police due to social deficits.

“It is our fear that if any of these teens were pulled over, the bright flashing lights, the likelihood of miscommunication and possible misinterpretation of social cues could lead to a negative and potentially dangerous situation,” said Lesch. “It is our goal to provide a hands-on course for these teens and their families on what to expect if ever pulled over. We feel all parties will have a better understanding and will be safer and less intimidated as a result.”

The course will last two hours, beginning with a presentation by Marianjoy therapists and DuPage County Sheriff’s deputies explaining what to do when encountering police officers in uncertain situations. The presentation will include demonstrations of various instruments, such as flashlights and police lights, and an explanation of why they are necessary.

Next, the course will head outside, where students will participate in a series of mock pull-over scenarios. The students will not be driving for the class, but they will be in a driving position, with either a Marianjoy therapist or a parent in the backseat. A police officer in the passenger seat will give instructions on how to safely interact with the approaching officer.

“The partnership the DuPage County Sheriff’s Office has forged with the Marianjoy Rehabilitation Hospital and Northwestern Medicine provides the tools that otherwise may not be available to those with special needs,” said DuPage County Undersheriff Frank Bibbiano.

“Preparing the special needs community to interact with police in a positive manner is a priority of our Office and I’m excited for the future of this program.”

According to Autism Speaks, a third of teens who have autism without intellectual disability will earn a driver’s license. An important aspect of the program will be educating families on how to add disability information to the Illinois Secretary of State driver’s license database, and how to obtain the new Disability Wallet Card which tells authorities to not interpret one’s behavior as a refusal to cooperate in an effort to explain what its owner may struggle to verbalize.

“It is said if you meet one person with autism, you have only met one person with autism. Autism is a spectrum, and no two cases are alike. We have some students who are very timid and soft-spoken. Other students are hyper-verbal and question everything,” said Anne Hegberg, a certified drivers rehabilitation specialist at Marianjoy. “It is important for the police to understand some of the common traits, yet realize the vast range of differences.”

Marianjoy’s Driver Rehabilitation Center provides driver evaluation and education to help individuals with disabilities learn or re-learn how drive and gain independence. A fleet of adaptive vehicles can be configured to suit individuals with varying disabilities. The center also offers a low-vision program for teens and young adults.

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About Marianjoy Rehabilitation Hospital
Marianjoy Rehabilitation Hospital, part of Northwestern Medicine, has been a leader in physical medicine and rehabilitation since 1972, advancing the field with a “high-touch, high-tech” approach. Marianjoy’s Wheaton campus is a state-of-the-art facility with 127 beds for acute and subacute care. Marianjoy maintains an extensive network of inpatient, subacute, and outpatient sites, as well as physician clinics throughout the Chicagoland area. To learn more about Marianjoy, please visit www.marianjoy.org.

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To learn more about Northwestern Medicine, visit http://news.nm.org/about-northwestern-medicine.html.
Somebody’s Turning the Wrench

By Danny Langfield, CEO – National Mobility Equipment Dealers Association

You know, one of the most common complaints we hear from driver rehabilitation specialists (DRS/CDRS) is this:

“There just aren’t any NMEDA QAP dealers in my area.”

And the complaint is understandable; after all, a DRS/CDRS doesn’t have any control over whether there is a qualified installer in his or her area…or do they?

I’d like to ask you to try thinking about this dealer/installer thing in a whole new way. Where you, as the DRS/CDRS, don’t have control over whether there is a qualified installer in his or her area.

The notion is basically this: “Somebody is turning the wrench.” What do I mean by that? I mean that the auto adaptive solutions you prescribe are being installed by somebody. There is no magic installation fairy waving a wand to get the equipment into the vehicle; therefore, somebody is turning the wrench. And that somebody is a person or business that you trust – otherwise you would never refer your clients there, right?

So, why do you trust these dealers/installers? Well, I’m willing to bet your reasons include most (or all) of the following: You believe…

• The technicians are certified to work on the equipment you prescribe
• Proper insurance is in place to protect the client
• The facility is ADA compliant and wheelchair friendly
• Complete records of work performed are maintained for traceability and future maintenance
• The equipment is installed properly, and the idea that you rely upon the QAP accreditation, a nationally recognized, third party program, to verify your installers are maintaining very basic standards does seem reasonable. Imminently reasonable, in fact.

Let me reiterate: You believe the installers you refer your clients to are up to snuff. So, exactly what does the non-QAP installer expect you to do? Come to their location and personally verify that their technicians are certified to work on the products you prescribe? Dig through their file cabinets and verify their insurance policies? Check their tool calibration while you’re there? Those do not seem like reasonable expectations to me. You are a busy professional, and the idea that you rely upon the QAP accreditation, a nationally recognized, third party program, to verify your installers are maintaining very basic standards does seem reasonable. Imminently reasonable, in fact.

But when the safety of an at-risk population like our shared clients is at risk, is being “pretty sure” enough?

Any installer who can’t or won’t be accredited as QAP… I hate to say it, but that simply MUST raise a red flag. Is that installer REALLY maintaining the standards they claim they are? Another key component of QAP is the requirement for an annual compliance audit by a third-party company. At NMEDA, we trust, but verify, annually.

And PLEASE, do not let them tell you it is the cost. NMEDA dues are $1675/year. The annual audit is another $995. That’s $2670 a year, less than $225 a month.

Let me get this straight; we have businesses that want to be entrusted with the safety of people with disabilities on the road, yet do not have $225/month to maintain a professional accreditation?

If a lawyer chooses not to pass the bar exam and pay professional dues, they don’t get to practice law. Same thing for CPA’s, plumbers, teachers, etc. The list goes on and on. No accreditation, no job. At NMEDA, we believe that if you are unwilling to step up to a minimum level of commitment to safety, a verified commitment, then you shouldn’t be installing adaptive equipment for people with disabilities. And keep in mind, QAP accreditation is open to anyone; you do NOT have to be a NMEDA member.

Remember that QAP is a set of minimum standards, most NMEDA dealers enforce standards that far exceed the basic program minimums. If someone is unable or unwilling to step up to even the minimum level of quality, then maybe this isn’t the business for them.

So here is what I am asking of you today: Let’s change the paradigm. Let’s stop bemoaning the lack of QAP dealers and start demanding that whoever is “turning the wrench” step up and commit to safety. The message is simple: “If you want to keep doing installations for me, then you need to be QAP.”

NMEDA staff is happy to take it from there. Hey, this shouldn’t be YOUR problem, right? Just give us a call (813.264.2697) or drop us an email (info@nmeda.org) with the dealer/installer’s contact info, and we will reach out to them with all the info and assistance they’ll need. And it bears repeating: QAP accreditation is open to anyone; you do NOT have to be a NMEDA member.

The good news? QAP just isn’t as hard as a lot of people think. The better news? You’ll sleep better knowing all your clients are being serviced by folks who are accredited under the only nationally recognized quality program in all of auto mobility – QAP.

I found value in networking with other CDRS’s who have more experience than I do and being able to ask questions, all of them were very receptive. I enjoyed meeting the vendors. I had some specific questions for certain patient’s in mind and this was helpful.
Spirit of Crescent Industries Scholarship Recipients
Cyndee Crompton, Kaitlin Finch, Shelagh Gross, Sarah Huntz, Kristy Leanes, Gregory Rinehart, Tamalea Stone

Memorial Scholarship Fund Recipients
Stephanie Romig, Kelsey Wilson, Christy Bedford, Hassan Al Ghadeer, George (Dre) Ley III, Natalie Uyeno, Angela Brown, Bryan Garrison, Robert Reed
The New Generation
All-In-One Digital Vision Screener

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

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Volunteer Spotlight

Laura Juel, MS, OTR/L, CDRS, ATP
Duke University Health System

How long and/or in what capacity have you been a volunteer for ADED?
I started out on a subcommittee which required a minimal time commitment just to get my feet wet. I then spent time on the Certification Committee which gave me a behind the scenes look into the ADED organization which highly emphasized teamwork. I had always had the idea of starting a new chapter to provide networking and education opportunities closer to home. With encouragement from ADED members, I decided to make this happen. Once again the team approach came through and with ADED support and dedicated members we were able to launch the NC/VA Chapter.

What is your favorite part of being an ADED member?
All along the way, ADED was supportive, even after asking the same process questions again and again. The ADED community has been welcoming to me and encouraged me to seek out my ideas and help to connect with others to make things happen.

What is something you appreciate or gain from being an ADED volunteer?
I was fortunate to be asked to be part of the ADED Speaker’s Bureau which included teaching and updating the Disability, Vision and Aging course. This enabled me to take a closer look at the latest research as well as learn from others on their areas of expertise. Although there was a time commitment outside of my work hours, I feel that what I have learned has helped me to be a better clinician.

What is your favorite part of your job?
As I continue to improve upon our services at Duke, I stay committed to being a resource for our program, other driving programs in the state, and generalist OT’s. Even though there are many members I have not met in person, I have always been able to reach out to members via email, social media or phone for answering questions and problem solving. As in the field of occupational therapy, I feel like I am always explaining what I do. When I say I’m a driver rehabilitation specialist… the light always goes on because it makes perfect sense unless you can’t do it!

Do you hold any other certifications? If so, what are they?
I am certified as an assistive technology professional (ATP) and started our Wheelchair & Seating Clinic as this seemed to be a skill set that our clinic was in need of and would nicely dovetail with the driving world.

What do you do for fun?
As my family and co-workers could probably attest, I don’t do well with ‘downtime’. I enjoy learning about new tools, research studies, or just keeping up on the latest disease treatment options. My FOMO or “fear of missing out” gets me every time and having ADED practically at my fingertips makes this easier than ever!

As my youngest child gets ready to leave the nest, I have needed to channel my energy into other volunteer activities. I recently completed a Master Gardener program and enjoy volunteering in community activities as well as getting a dose of my own therapy working in my ever changing garden.

Anything else you’d like us to know about you?
I pride myself on being an occupational therapist for over 29 years. During that time, I’ve been able to work in a variety of home and hospital based settings. I’m always amazed that after a ¼ of a century in practice, there is still so much to learn! I have always gravitated towards neurorehabilitation so when I started work in an outpatient clinic with a driving program, this was a natural extension for my skill set. I enjoy working with the older driver population and have focused on expanding services as well as education in our health system and the community. I set my sights on becoming a CDRS and made this happen in 2008. Since continuing education in driver rehabilitation was hard to come by at that time, I felt the need to get connected and ADED was my outlet to accomplish this.

This was my first time attending and I really enjoyed the entire conference. I did not get to attend the preconference workshops, but after hearing feedback on them I’m hoping to next year.

I am always amazed as to how well the conference is organized and so professional. Thank you so much to the entire conference staff and volunteers. I applaud you for a job very well done.
CDRS: you worked hard to earn it, now proudly display your achievement

On September 18, 2019, ADED began issuing all CDRS® certificate holders, in good standing, a digitally verifiable logo to display their credential.

We know that you work hard to enhance your professional capabilities. Whether it is as a member of ADED, a CDRS®, participation in our continuing education courses, or attendance in our seminars and/or conferences, you are making strides to excel in our industry. With this in mind, we want to make sure that you are recognized for your accomplishments in a way that allows you to fully showcase your ongoing professional commitment. In today’s digital world, that means providing a way for you to share verification of your achievements and credentials in a secure electronic format.

Soon, ADED will be rolling out a program for working towards badges and micro-credentials that will recognize achievements and award portable digital icons that will verify an earner’s professional accomplishments.

CDRS® holders are the first group to officially receive a digital icon. The images issued in cooperation with the company BadgeCert, are unique in that they are embedded with qualifying information that helps earners maintain a digital record of their achievements and professional activities. Moreover, these images are stored in a universal cloud-based portfolio so they can be easily accessed and shared with others, namely employers, peers, or certification associations on digital resumes, email signatures, or social networking sites.

If you are a CDRS® holder in good standing and have not received your email from eLearning@aded.net with a link to your CDRS® icon and an email with login information to your BadgeCert portfolio, please check your spam folder and assure your email server is allowing email from the sender eLearning@aded.net. If you want to learn more about ADED’s Badge and Micro-credential program, please see the article in Spring 2019 NewsBrake or feel free to email Lynn Rocap at Lynn@driver-ed.org.
Earn CEUs!
Over 30 hours of education across both DRS Learning Tracks.

**DRS 101**
**Introduction to Driver Rehabilitation**
A two-day course designed for the new driver evaluator.

**DRS 102**
**Advanced Driver Rehabilitation Concepts**
Several diverse sessions geared to more established evaluators.

**Registration Opens November 1st**

www.NMEDAAnnualConference.com/DRS
Congratulations to the “Class of 2019”!
ADED is pleased to announce 22 new CDRS’s who successfully passed the August 2019 CDRS exam.
We are proud of your accomplishment and welcome you to the “CDRS Family”.

Sylvia Canturk, CDRS Middletown VA
Holly Cohen, CDRS Brooklyn NY
Maria D’Ettorre, CDRS Hawthorne NJ
Rhonda Dalyai, CDRS Hurricane WV
Kristen Dixon, CDRS Concord MA
Joseph Francis, CDRS Selma TX
Kimma Harper, CDRS Cave Springs AR
Keegan Humphrey, CDRS New Albany NY
Arthur Jefferson, CDRS Hampton VA
Thomas Kituskie, CDRS Newark DE
Jennifer Monaco, CDRS Baldwinsville NY
Therese Oldfield, CDRS Bresiau ON
Katherine Philips, CDRS Glenville NY
Lachicha Phillips, CDRS Panorama City CA
Tina Sancilio, CDRS Normandy Park WA
Amanda Selle, CDRS Buffalo NY
Davin Smith, CDRS Richmond VA
Tamalea Stone, CDRS Petersborough ON
Andrew Streit, CDRS Lancaster NY
James Stueben, CDRS Chandler AZ
Justin Vaughter, CDRS Richmond VA
Julie Wade, CDRS Desoto TX

Plug N Play for Sienna and Pacifica
Introducing GEN-XR and PNP-70!

GEN-XR
The GEN-XR is our easiest to install reduced steering system. The GEN-XR allows for 0-100%, and anywhere in between, reduction to the steering. The steering effort can easily be adjusted on the fly by the dealer and locked in. The GEN-XR is a plug n play installation on the Toyota Sienna and Chrysler Pacifica only needing 3 wires (ignition and CAN).

PNP-70
The Plug N Play 70 offers 70 functions for the Pacifica with a simple box that plugs into the OBD-II. The functions are controlled via a tablet.

Lots of time to spend with the vendors - great!
Great expo! Loved seeing new vendors!
Betsy Powers Retires

My first introduction to the field of driver rehabilitation was with a visit to the Miami Veteran’s Administration (VA) in 1983 during a rehabilitation class in physical therapy school. I was fascinated at the thought of my quadriplegic and amputee patients driving. After graduation, the hospital I was working for in Miami was looking to start a driver rehabilitation program, I enthusiastically volunteered. Susan Pierce recommended I get my education through ADED, and I joined in 1985. At one ADED conference, a therapist was there from Florida, who looked familiar. She remembered me from my visit to the VA as a student, though her recollection was a little different than mine! It was Betsy Powers’ last day at the Miami VA. She was preparing to partially ‘retire’, to spend more time with her two children, and start on a part time basis at the new West Palm Beach VA Hospital. She was asked, without notice, to talk to our physical therapy class. But, as she had planned to leave early. She was not happy that one woman kept asking questions, delaying her departure! This was me, and a wonderful friendship was started!

Elizabeth Powers graduated from the University of Miami in 1971 with a degree in kinesiotherapy. She worked at the Miami VA and later at the West Palm VA. She started in driver rehabilitation in 1973, and attended the very first VA two week driving course at New York University in 1975. She was a part of the team that wrote the first certification exam for ADED, was instrumental in writing the policies and procedures, and she served on the ADED Board as Treasurer.

Betsy has been instrumental in helping many therapists develop skills in driver rehabilitation. She retired from the veteran’s hospital on July 30, 2019, and will be spending lots of time with her wonderful husband Ray, her two children Beth and John, and her three gorgeous and energetic granddaughters.

Betsy, we all wish you the best!

Judi S Hamelburg

LOOKING FOR BETTER INSURANCE?

Extraordinary Protection at an Affordable Cost:
An Insurance Buying Program crafted exclusively for ADED Members by PSA

- Preferred Pricing
- Increased Limits
- Broader Coverage
- Superior Availability
- Loss Prevention Consulting
- Superior Customer Service
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Voice Notification
*optional feature
“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”

*optional feature
- Customers can use their smart phone or tablets as a remote control to release their wheelchair from the EZ Lock system.

* Monitor hardware functionality and receive alert message if there is any issues with the EZ Lock system.

* Monitor EZ Lock usage and be prompted for maintenance by Push Notifications via Email or Text Message.

* Like an odometer in a vehicle, the EZ Lock App will monitor the number of times the EZ Lock is used from date of installation and between maintenance.
Chapter News . . .

Arizona, California, & Nevada

The Western Region ADED Chapter held a meeting in San Diego in February of this year. The meeting was coordinated by Penny Anders, Marilyn Sidler, and Amanda Sadesky at Sharp Rehabilitation Center and was sponsored by Ability Center San Diego, MPS/Guido Simplex, Suregrip, and Golden Boy. There was an excellent turnout from ADED members in the Southern California area, as well as from other professionals in the San Diego area with an interest in driving safety for their clients. We are currently in the planning stages for a chapter meeting to be held in March at John Muir Hospital in Northern California, which will include case study presentations and driver instructor perspectives on driver training. Please keep your schedules open if possible. Details about the meeting will be forthcoming.

Colorado Chapter

The Colorado Chapter has been keeping busy! We host quarterly meetings and have seminars for contact hours on topics relevant to our members. In February 2019, we held a course on emotional self-care for healthcare providers. May 2019, we met with the DMV to review medical reporting forms that have been in the revision status for 18 months, new statutes within the DMV for this coming year, as well as a DMV staff training process in relation to working with people with disabilities and their adaptive equipment during license examinations. July 2019, we presented on non-traditional new drivers who may not be best served within the typical driver’s education style programs (heavy Autism and ADHD focus). This October, we met and discussed as a roundtable the best way to standardize on-road evaluations amongst programs within our state. As always, check out the calendar of events on the ADED website for details!

Florida Chapter

Greeting for the Florida Chapter of ADED. Since being established, the Florida chapter has been very busy bringing awareness to what we do as driver rehabilitation specialists. Our first elections were held and the chapter officers are as follows: Bryan Garrison President, Lori Grismore Vice President, and Andre’ Johnson Secretary. Our goal from day one has been to strengthen the membership within the chapter and develop relationships within the state of Florida. Our first chapter meeting was held just before the NMEDA Conference in Daytona Florida. At that meeting, we met with the DMV medical review section for a Q&A session. During that session driver rehabilitation specialists and members of the Medical Review section discussed important topics such as medical reporting, documentation requirements of the medical review section, road testing, driving after traumatic brain injury, DMV road testing, and driving with restrictions. The first chapter meeting was an overwhelming success. The second chapter meeting was held again just before NMEDA where Cody Howell from Suregrip was able to do a product demonstration. Again, this chapter meeting was a success. The chapter now has visited the capital of Florida Tallahassee, where chapters members provided a 2-hour education session with the Medical Review section followed by a product demonstration. The meeting also included a brief Q&A prior to ending this meeting. I am proud of what the Florida Chapter has been able to accomplish in such a small time and I look forward to our continued work to ensure that we are providing the best quality care possible to our patients.

Kentucky, Tennessee, & West Virginia

KY, TN, WV did not have an October meeting. We are working on a great agenda for April 2020.

Midwest (Indiana, Ohio, Minnesota, Wisconsin, Michigan, & Illinois)

The next Midwest Conference to be held at NorthShore University HealthSystem in Evanston, IL (near Chicago) on April 24-25, 2020. Midwest chapter members will receive emails of conference details in early 2020. Chapter officer nominations will take place during the 2020 Midwest conference. Interested candidates must complete the ADED conflict of interest form and ADED consent to run form along with a 200-word 3rd person biography and headshot. Contact your current Midwest Chapter officers for forms. This 2-year term runs 7/1/2020-6/30/2022 and there are no term limits. Candidates must be members in good standing with ADED and reside within their chapter area. You earn CEU’s as a chapter officer and ADED provides an on-line orientation.

North Carolina & Virginia

The next chapter meeting for North Carolina & Virginia is being planned for February/March 2020. Please keep an eye out for details.

Texas

The Texas Chapter is currently being organized.

Valuable ideas from poster session and research session!
# ADED Chapter Officers

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<th>COLORADO</th>
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<tr>
<td>Barry Doyle, President</td>
<td>Bryan Garrison, President</td>
<td>Brigitte King, President</td>
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**Updated 05.24.19**

Terms: July 1, 2018-June 30, 2020
Q’STRAINT and Adapt Solutions: All in on Safety

Q’STRAINT and Adapt Solutions are proud to offer groundbreaking safety for accessible transportation. Q’STRAINT has been an innovator in the field of wheelchair restraints and continues to move the industry forward with the first retractor to meet WC18 standards and QUANTUM, the only system to give total independence to mobility passengers.

Adapt Solutions puts safety first by keeping all of the OEM safety features. It’s hard to imagine today, but airbags were originally met with skepticism by the auto industry, safety advocates and the public when first introduced to the late 70s and early 80s. They were viewed as an expensive and sometimes dangerous replacement for seatbelts (which themselves had much lower usage rates than today).

This attitude rapidly changed in the late 80s and early 90s when frontal airbags became standard equipment on many popular vehicles. Later redesigned to deploy with varied force dependent on data from the seat sensor to protect child passengers from the airbag itself, frontal airbags on vehicles and by half for SUVs. They also massively reduce the risk of severe head injury.

In the late 70s and early 80s, the airbag was viewed as an expensive and sometimes dangerous replacement for seatbelts (which themselves had much lower usage rates than today).

The QLK-150, an industry leading personal wheelchair docking system, took the top spot in the 2019 Mobility Management magazine’s inaugural Mobility Product Award competition under the category of wheelchair securement.

What is the Mobility Product Award?

“Our Mobility Product Award 2019 winners demonstrate innovation and creative thinking, as well as a keen understanding of the always-evolving needs of complex rehab technology users,” said Mobility Management Executive Editor Laurie Watanabe. “Entrants were judged by experienced Assistive Technology Professionals (ATPs) and clinicians who work with a range of seating, accessibility and wheeled mobility users every day.”

According to Mobility Management, an independent panel of judges from the complex rehab and mobility industries selected the top entries in 11 categories. These winners will be recognized and awarded trophies at the International Seating Symposium (ISS), to be held March 3-6, 2020, in Vancouver, BC, Canada.

The case for the QLK-150

In the highly competitive docking station space, it takes a superior product like the QLK-150 to rise above other personal mobility solutions. Some industry experts and consumers who know a thing or two about wheelchair securement tools weighed in on the merits of the state-of-the-art docking station’s elite features and options.

From the 1999 model year and up. Now viewed as a supplemental restraint system to work in concert with the seatbelt and seatbelt pretensioner, the impact (or reduced impact from crashes) from airbags continues to be felt to this day with the NHTSA estimating that frontal airbags saved just over 50,000 lives between 1987 and 2017.

Far from just a side note, side airbags, often deployed from the OEM seat, reduce risk of death in a driver-side crash by more than a third in all vehicles and by half for SUVs. They also massively reduce the risk of severe head injury. This is why Adapt Solutions always keeps the OEM seat with its integrated safety systems for our products. We feel that people with limited mobility deserve the same advances in passenger safety as everyone else and that means a vehicle with all of the safety systems working together to protect our customers.

QLK-150 Wins Coveted Mobility Product Award

Laurie Watanabe, Editor at Mobility Management

“Q’STRAINT has a long history, of course, of innovation that supports the mobility and independence of wheelchair users,” Watanable affirmed. “In particular, the much-admired QLK-150 has many innovative features, from its tapered design that guides the wheelchair into position, to easy-to-operate controls to unlock the wheelchair.”

According to Mobility Management, an independent panel of judges from the complex rehab and mobility industries selected the top entries in 11 categories. These winners will be recognized and awarded trophies at the International Seating Symposium (ISS), to be held March 3-6, 2020, in Vancouver, BC, Canada.

The QLK-150’s extensive network of consumers and dealers.

Perhaps, what further differentiates the QLK-150 - from the rest of the docking station entries and played an integral part in winning the Mobility Product Award - is the company’s steadfast commitment to product support along with its training programs such as: online and on-demand courses, webinars, presentations, and national training events. Its most popular, practical and productive mobility training course is the: QLK-15- Certification to Configure. All of this combined training plays a key part in educating the QLK-150’s extensive network of consumers and dealers.

Making Safety Accessible

Ringing true to the company’s mission of “Making Safety Accessible” for mobility device drivers and riders through its highly innovative, safe, and easy-to-use wheelchair securement solutions; the QLK-150 stands alone among the pack in the docking station space as the premier assistive device for independent mobility drivers and riders.

QLK-150 On-line Course an Added Perk

Larry Blocher QLK-150 Owner

“If I didn’t have the mobility equipment — whether it’s a wheelchair or the crutches or a wheelchair accessible van with Q’STRAINT products like the QLK-150 in it — my quality of life would be greatly diminished,” says Larry Blocher, an avid sportsman, enthusiast, and QLK-150 consumer.

“QLK-150 On-line Course an Added Perk”

Watanabe added: “In addition, the QLK-150 requires just a simple modification to the wheelchair, is designed for customizability per the situation (e.g., floor mount options), and has a compact footprint, as well as a sleek, professional appearance. Add in the safety features, such as crash-testing of the docking system plus brackets, and the QLK-150 was seen to be a well-rounded, user-friendly securement solution.”
BraunAbility Commits to Recruiting More People with Mobility Disabilities

During National Disability Employment Awareness Month, BraunAbility is partnering with Microsoft, FCA US, and others to continue to increase inclusion initiatives beyond the traditional mobility space.

Indianapolis – October 1, 2019 – BraunAbility, the leading manufacturer of wheelchair accessible vehicles, is taking another leading step toward creating a mobility-inclusive society by committing to increase the representation of candidates with disabilities within its workforce and ensuring a work environment that is accessible for those with mobility challenges.

The company’s goal is to be an example for both companies within and outside the mobility category, and has secured support from Microsoft and FCA US for its ongoing disability inclusion initiative, Drive for Inclusion. BraunAbility makes this commitment as it opens the doors to its new global headquarters in Carmel, Ind., this October, which is National Disability Employment Awareness Month.

BraunAbility’s commitment to recruitment of people with disabilities comprises three main focus areas:

1. BraunAbility will ensure each job opening at the company is directly sent to more than 20 disability referral sources throughout Indiana.

2. The company will continue participating in Eskanazi Health’s summer internship program, a program specifically for college students with physical disabilities.

3. BraunAbility’s new headquarters in Carmel was designed with input from people with physical disabilities, and features a variety of elements that make the space accessible and accommodating to people with mobility challenges.

“BraunAbility was founded by a person who used a wheelchair, and we have employed people with physical disabilities over the past five decades. This new effort will formalize our commitment to disability inclusion and help us continue living up to our aspiration of seeing the world through the eyes of our customers,” says Staci Kroon, BraunAbility CEO. “There is no better way to ensure people with physical disabilities are engrained in our company operations than by hiring them to impact the organization from the inside out.”

BraunAbility is a champion for hiring all disability types, however, the company is especially focused on hiring those with physical disabilities.

To accommodate those employees, BraunAbility incorporated accessible design details that are often overlooked by individuals without mobility challenges. Key accessibility features of its new global headquarters building include:

• Doorways with a minimum of 36” width; some as wide as 42” (ADA requires 32”)
• Conference rooms equipped with automatic, powered sliding doors
• All desks are height-adjustable

• ADA appliances installed in social space and restrooms
• A private, accessible, companion aid restroom available to employees and visitors
• Braille signage installed in all public spaces
• Extra-wide pathways throughout the building to offer a large turning radius for people who use wheelchairs

Additionally, Microsoft and FCA US manufacturer of the Chrysler Pacifica minivan converted by BraunAbility, will join in BraunAbility’s inclusion efforts during National Disability Employment Awareness Month by installing 3D access aisles at each of their headquarters, ensuring employees and guests will have unhindered accessible parking access.

The 3D access aisle was conceived by BraunAbility as a tool to educate others about the role of every day access in creating a mobility inclusive society and was revealed earlier this year as part of the launch of BraunAbility’s Drive for Inclusion.

BraunAbility’s employee diversity commitment is in support of Drive for Inclusion’s mission of making it possible for people of all ability levels to fully contribute to the world around them.

* * * * * * *

About BraunAbility

BraunAbility is the world’s leading manufacturer of mobility transportation solutions, including wheelchair accessible vehicles, wheelchair lifts and seating, storage and security 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.

* * * * * * *

About Drive for Inclusion

Drive for Inclusion is BraunAbility’s global movement to unite voices and take action for mobility inclusion, accessibility and independence for those living with mobility challenges and their caregivers. An online survey community will gather insights, listen to stories and ultimately, share learnings more broadly to create a more mobility-inclusive society that makes it possible for people of all ability levels to fully contribute to the world around them. BraunAbility invites anyone living with a mobility challenge, including caregivers, to join our online survey community at BraunAbility.com/TheDrivingForce.
Agreement Reached to Co-locate ADED & NMEDA Conferences

ADED and NMEDA are proud to announce that an agreement has been reached to co-locate our conferences beginning in 2021, at a yet-to-be-determined location.

“This is an exciting time for our organization. We look forward to working with NMEDA to plan this unique, co-located event that will continue to serve the needs of our membership and benefit their clients,” said Elizabeth Green, ADED Executive Director.

NMEDA President Chad Blake added, “Kudos to Danny, Liz and their staff for making this co-location happen. 16 months ago, when Jenny Nordine, Liz, Danny and I had the first “discovery” meeting in Phoenix, we were excited about the potential of co-locating, but the challenges were really daunting. It is very gratifying to finally see everyone’s hard work pay off with the finalization of this agreement.”

The specific dates for the 2021 event have not yet been determined; however, the parties agree that late summer / early fall is the ideal timeframe and that every reasonable effort will be made to ensure the event is not scheduled between Memorial Day and Labor Day. The co-location agreement calls for the days of the conference to be identical to ADED’s current pattern (Friday – Tuesday) with the co-located events to occur that Saturday, Sunday & Monday. Each organization will concurrently host their own educational conferences, with the exhibit hall being the shared space for both groups. We’re also looking at other networking opportunities in the conference schedules where both groups can come together.

“This has been a long time coming,” stated Danny Langfield, CEO of NMEDA. “Our board was clear – ‘Make a deal happen – no excuses, just make it happen.’ I’m really proud that we were able to deliver on our promise to our members… and I think it’s going to be one heck of a party in 2021.”

“I am looking forward to see this collaboration strengthen both our organizations and in turn provide even better service to our mutual clients,” said Marc Samuels, 2019 ADED President.

This is great news for both organizations and the growth of the mobility industry. Bringing driver rehabilitation specialists together with mobility equipment dealers at an annual event will help us all focus on what is important: safe, independent mobility for our clients and their caregivers. We will be delighted to share additional details as they become available.

I got to interact with many different people that I would normally never get the chance to see.

Courses I attended were great! Always wonderful to see friends and meet new members.

I learned so much at the Soap Box Sessions. I loved going around to different stations. I wish I could have done more.
**THE JIMMY BY VEIGEL**

The Jimmy by Veigel is a seat belt assist device designed to aid drivers and passengers with buckling and unbuckling the seat belt buckle in an automobile. The Jimmy’s ergonomic design is light weight and easy to use. **Bucking:** The ergonomic joystick grip gives you more control to easily engage the buckle. **Un-Bucking:** Simply pull back on The Jimmy lever while pressing the release button to effortlessly disengage the buckle. **Safety:** Pulling back on the lever alone will not disengage the buckle. The release button has been designed to prevent unintended disengagement of the buckle.

**APPLICATIONS**
Specific applications available to fit most vehicles

**INSTALLATION**
- Installation is quick and easy – within minutes
- Simply clamp the vehicle specific side brackets to the male side of the buckle
- Installation is non-destructive
- Can be removed without damage to the factory belt buckle

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**FEATURES**
- Light weight ergonomic design for maximum comfort
- Safety release button prevents unintended disengagement of the buckle
- Vehicle specific mounting brackets ensure a safe fit and no damage to your automobile safety belt buckle

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ABSTRACT: Clinicians and Certified Driving Rehabilitation Specialists (CDRS) use many cognitive assessments to predict whether clients will pass/fail a road test. The Cognitive Linguistic Quick Test (CLQT) has been thought to be such a tool but there has been no documented research to date that demonstrates its validity. In her latest edition of the CLQT+, Dr. Helm-Estabrooks SC. D., CCC-SLP, and author of the CLQT, goes into great detail explaining how cognitive domains are utilized in the daily activity of planning a drive and then actual driving. (CLQT+ Manual, 2017 p.3-4). Dr. Helm-Estabrook was keenly interested in research of this nature when I spoke with her. Dr. Helm-Estabrooks SC. D., CCC-SLP, and author of the CLQT, goes into great detail explaining how cognitive domains are utilized in the daily activity of planning a drive and then actual driving. (CLQT+ Manual, 2017 p.3-4). Dr. Helm-Estabrook was keenly interested in research of this nature when I spoke with her.

OBJECTIVE: The purpose of this study was to see if three selected tasks of the Cognitive Linguistic Quick Test (CLQT) could predict a pass/fail road test in the population of age 70 and older with Alzheimer’s Disease (AD), dementia and mild cognitive impairment (MCI) diagnoses. These tests were also used in combination with other known cognitive predictors with potential for at risk drivers or future at fault motor vehicle crashes including the Motor Free Visual Perceptual Test (MVPT) Closure subtest (Maryland Pilot Older Driver Study-NHTSA), the useful field of view (UFOV), (J.L. Mathias and L.K. Lucas), and Trails Making Tests A and B (J.L. Mathias and L.K. Lucas) (Ball, Roenicke, et al 2006). ADED standards of practice were adhered to in actual clinical and behind the wheel testing.

Thirty-eight males and 20 females participated in the dementia, Alzheimer’s/MCI group ages 70 and older group for a total of 58.

RESULTS: “Total CLQT” (Design Memory, Story Retelling and Clock Drawing Subtests) (the three tasks tested) were shown to be a positive predictor of behind the wheel performance (predicting pass/fail behind the wheel driving test) at the p < .01 level with a classification success of 80.7%. The Design Memory sub-test seems to be the best of the three in this population. All of the previously used tests are predictors as well, at the p < .01 level, with their classification successes ranging from 71.9% to 83.9% (table 1). CLQT is a predictor in models containing older predictors as well, except for the MVPT Closure subtest. In combination with UFOV and Trails A tests, the three CLQT subtests increases the classification success above 80.7%, which means there is a part of the predicted variance that the tests do not share and should probably be used together. In combination with Sign Recognition, the model classification success reaches 80.7%, which means that it’s the same as when only CLQT is used, which makes combining the tests redundant. CLQT does not add any prediction value to MVPT or Trails B, so the tests can potentially be used interchangeably.

A bonus finding is that the logistic binary regression shows that the Sign Recognition Test (the three tasks tested) were shown to be a positive predictor of behind the wheel performance (predicting pass/fail behind the wheel driving test) at the p < .01 level with a classification success of 72.7%. The CLQT Subtests total score does not add any predictive power to other tests (UFOV, Trails A, Trails B, MVPT, Recognition). While not, the step χ2 values show to be marginally significant in most of the models (p = .064 (UFOV); 2 = .099 (Trails A); p = .061 (Trails B); p = .139 (MVPT); p = .097 (Sign recognition)). Since the CVA sample was rather small (n = 22), it can be assumed that the predictions have a possibility of being valid on a bigger sample.

CONCLUSION: This screening battery can be performed in less than 20 minutes and is able to assist in the prediction of performance (pass/fail) during a road test in drivers with dementia, mild cognitive impairment and Alzheimer’s Disease. Also, the Sign Recognition

| Table 1: “Total CLQT (three CLQT subtests)” prediction improvement |
|------------------|------------------|------------------|
| statistic        | no other predictors | initial predictor |
|                  | UFOV     | Trails A     | Trails B     | MVPT     | Sign recognition |
| 0-model CS       | 71.90%   | 72%          | 71.40%       | 71.40%   | 71.90%          |
| initial model χ2 | 13.221***| 19.458**     | 18.353**     | 14.041** | 24.595**        | 17.057**        |
| initial model CS | 80.70%   | 78%          | 82.10%       | 83.90%   | 80.70%          | 71.90%          |
| step χ2          | /        | 24.065*      | 6.883*       | 6.838*   | 0.148           | 6.3*            |
| second model CS  | /        | 84%          | 89.30%       | 83.90%   | 80.70%          | 80.70%          |

CS = classification success; p<.05*; p<.01**

80.7%, which means that it’s the same as when only CLQT is used, which makes combining the tests redundant. CLQT does not add any prediction value to MVPT or Trails B, so the tests can potentially be used interchangeably.

A bonus finding is that the logistic binary regression shows that the Sign Recognition Test (the three tasks tested) were shown to be a positive predictor of behind the wheel performance (predicting pass/fail behind the wheel driving test) at the p < .01 level with a classification success of 72.7%. The CLQT Subtests total score does not add any predictive power to other tests (UFOV, Trails A, Trails B, MVPT, Sign recognition). While not, the step χ2 values show to be marginally significant in most of the models (p = .064 (UFOV); 2 = .099 (Trails A); p = .061 (Trails B); p = .139 (MVPT); p = .097 (Sign recognition)). Since the CVA sample was rather small (n = 22), it can be assumed that the predictions have a possibility of being valid on a bigger sample.

CONCLUSION: This screening battery can be performed in less than 20 minutes and is able to assist in the prediction of performance (pass/fail) during a road test in drivers with dementia, mild cognitive impairment and Alzheimer’s Disease. Also, the Sign Recognition

I enjoy reconnecting with other professionals and re-igniting the “spark” for driving evaluations and training, etc.

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As a leading wheelchair accessible vehicle manufacturer, our goal is to work closely with driver rehabilitation specialists to make life accessible for our customers.

Client Evaluation

Measurements of person in wheelchair:

- Height of Wheelchair User + Chair (with cushion)
- Eye Level
- Knee Height
- Overall Length
- Chair Base Width
- Weight of Wheelchair User + Chair

Seating position(s) of person in wheelchair:

- Driver
- Passenger only

Number of persons that will travel in the vehicle:

Caregiver assistance (if applicable)

- Entry/exit assistance
- Wheelchair securement
- Transfer assistance

Adaptive equipment requirements:

Environmental considerations including the dimensions of the space where the vehicle will be parked:

- Unobstructed door opening
- Backup ramp deploy system

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Membership period runs January 1 – December 31, 2020

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<tr>
<td>Company:</td>
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<th>Membership</th>
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<tr>
<td>Individual</td>
<td></td>
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| Individual Member | Individual members shall include all persons involved in provision, implementation, or administration directly related to the provision of driver rehabilitation.  
- Individual RENEWING Member: Rate=$145  
- Individual NEW Member: Rate=$155 |
| Facility | |
| Facility Member | 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.  
- New membership  
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  - Facility Member-LEVEL 1* (1-3 Individuals): Rate=$290  
  - Facility Member-LEVEL 2* (4-6 Individuals): Rate=$580  
  - Facility Member-LEVEL 3* (7-10 Individuals): Rate=$1015 |
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- New membership  
- Renewing membership Rate=$200 |
| Corporate | |
| Corporate Member | Corporate members shall include businesses solely involved in manufacturing and distributing products used by driver rehabilitation specialists or individuals with disabilities.  
- New membership  
- Renewing membership Rate=$550 |
| Associate | |
| Associate Member | 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.  
- New membership  
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*PLEASE COMPLETE MEMBERSHIP INFORMATION SHEET ATTACHED

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PLEASE RETURN THIS APPLICATION WITH PAYMENT IN US CURRENCY FOR PROPER PROCESSING.

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**jill@drivingtoindependence.com**

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SANDRAWATAOKA@GMAIL.COM

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ANN CLARK (AH/TS)  
JSAFC@AOL.COM

**TEAM:**  
6th YEAR ENDS 2019:  
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KATE LOPEZ (AH/TS)  
MARIANNE BEVENOUR (AH), JUDI HAMELBURG (AH)  
DON SAMPSON (TS),  
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**TEAM:** TBA
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EXECUTIVE DIRECTOR
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Executive Director reports to ADED Board of Directors

All staff report to ADED Executive Director

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