

**Special
points of
interest:**

- AT Education via TeleHealth Technology...May 9, 2012
- New Horizons Conference June 19-21, 2012
- 2012 National Veterans Wheelchair Games June 25-30

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Deep Dive Attendees addressing AT needs for a Veteran

PM&R ASSISTIVE TECHNOLOGY PROGRAM

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First Lady Visits the AT Center of Excellence

The McGuire VA Medical Center Assistive Technology Program was honored to have been selected as part of First Lady Michelle Obama's visit in January 2012.

St Sergeant Villa from the US Air Force shared her story with the First Lady including how technology has assisted her in her daily activities. She discussed her plans of attending school in the future and what potential the technology has to help her achieve her goals.

St. Sergeant Villa took the opportunity to also demonstrate other AT devices (i.e. switch access e-reader, iPAD accessibility features, communication devices and environmental control units) and how they could help other active duty members and veterans depending on their



needs and goals.

Melissa Oliver, AT Program Coordinator, shared how the AT program provides AT evaluations and training as well as use technology to provide education to caregivers about various injuries and illness.

VA Deep Dive AT Institute a Great Success

The McGuire VAMC Assistive Technology (AT) Program in collaboration with the University of Pittsburgh School of Health & Rehabilitation Department of Rehabilitation Sci-

ence and Technology proudly hosted its first Deep Dive Assistive Technology Institute.

The Institute was a great success with:

57 attendees

17 sites represented

4 sites attended remotely via V-tel

The purpose of the Institute was to provide education that will advance the competence and performance of rehabilitation therapists in various areas of assistive technology. The workshop provided hands on experience with

the different assistive technology devices and opportunities to ask questions of vendors. Finally, attendees were able to apply what they have learned to specific assistive technology case studies.

Few quotes from attendees:

EXCELLENT CONFERENCE!!! Presenters were great, atmosphere was relaxed, TONS of great information and resources related to AT..Worth every minute!!

Excellent networking to increase inter-facility communication and promote collaboration across facilities.

Thank you for an excellent workshop with practical content and Veterans who volunteered to help us with the case studies made it a much realistic learning experience. Thank you!

What is AAC?...Stacy Gross, CCC, SLP



Augmentative and alternative communication (AAC), according to The International Society for Augmentative and Alternative Communication (ISAAC), is defined as "a set of tools and strategies that an individual uses to solve everyday communicative challenges." Augmentative and alternative communication (AAC) includes all forms of communication (other than oral speech) that are used to express thoughts, needs, wants, and ideas (ASHA). People with severe speech or language disorders can benefit from AAC to supplement existing speech or replace speech that is not functional. This may include a combination of gestures, facial expressions, writing, symbols, pictures, computer use or speech generating devices. Similar terminology to AAC include Non-Speech Generating Device (NSGD), Speech Generating Device (SGD), Augmentative Communication Device (ACD) and Voice Output Communication Aid (VOCA).

There are two types of AAC systems, unaided and aided. **Unaided communication systems** rely on the user's body to convey messages. This would include gestures, facial expressions, body language and sign language. Aided communication systems require the use of tools or equipment in addition to the patient's body. Aided systems include pen and paper, pictures, symbols, books, communication boards, speech generating devices and computers.

Patients with a variety of disorders and diagnoses are referred by their physicians to a Speech-Language Pathologist for evaluation of AAC needs. Some disorders and diagnoses include ALS (Lou Gherig's disease), Cerebral Palsy, Muscular Dystrophy, Multiple Sclerosis, Autism, Stroke, TBI and/or any other cause of language or speech loss. Due to the above mentioned disorders/diagnoses, patients can have secondary diagnoses of aphasia, apraxia, dysarthria, agraphia and developmental speech/language disorders which may require them to rely on AAC to communicate their needs, thoughts and ideas.

The Speech-Language Pathologist (SLP) plays an integral role in the AAC process. It is important for the SLP to complete a thorough evaluation to determine the AAC device to best meet the patient's needs. An assessment should cover the following: present communication status, physical abilities/limitations, visual/perceptual abilities/limitations, cognitive and language abilities/limitations, the ability to use and understand symbols, literacy abilities/limitations, environmental concerns, family support and how to implement the system. During the assessment process, the SLP may collaborate with an occupational therapist (OT) and/or physical therapist (PT) to determine best positioning as well as most appropriate access method. Once this comprehensive assessment has been completed, the patient will require follow-up appointments with an SLP, AT professional (ATP) or company representative for set up, programming and training of device. For more information, please contact Stacy Gross at stacy.gross@va.gov or 804-675-5000 ext: 3231.

References: ASHA.org
www isaac-online.org



Mandy Freeman
Occupational Therapist

Meet McGuire's AT Team... Mandy Freeman, OT, Community Living Center

Mandy Freeman has been an occupational therapist (OT) for three years all here at McGuire working in the Community Living Center. She grew up in Chesterfield Virginia, with a twin sister and a younger sister and brother. She attended VCU for OT school and completed her Level II Fieldwork (FWII) placement at McGuire in Mental Health with Kimberly Powell, OTR. Ms. Freeman is especially interested in wheelchair seating and mobility. She states that it is amazing how finding the right wheelchair (+accessories) & cushion can completely change someone's life!

What do you like about working here? When I was a student here completing my FWII, I so badly wanted to get a job working for this facility because I immediately felt the sup-

port from the other therapist working here. I also was immediately drawn by the fact that if a patient needs a piece of equipment to increase their overall independence & enhance their life, then I am able to actually get the equipment for them. I have done internships at several facilities (private sector) that this is not possible.

What areas of AT are you interested in/passion about? I am especially passionate about powered mobility. It is an amazing feeling to help someone who is completely DEPENDENT with mobility to get a power wheelchair and then be completely INDEPENDENT with mobility! I have seen a power wheelchair completely change a person's life by getting them out of bed and into a wheelchair that not only increases their independence with mobility, but also assist with com-

pleting basic functional tasks, socialization and participation in leisure activities. It is such a good feeling when the patient gets up in a power wheelchair for the first time. When I am walking beside the patient who is learning to operate the power wheelchair for the first time, all of the nursing staff gather around and cheer the patient on. I can hear them now... "Your looking good in that chair...It is so nice to see you up...Look at you with your new wheels!" As nursing staff cheers the patient on, I look over and just see an unforgettable smile on the patient's face!

Ms. Freeman's other interests outside of the world of OT includes spending time with her family especially her little boy (Little Quincy) who will soon be 11 months old.

Jeffrey East...

Driving toward Independence

Mr. East is a 33 year old U.S. Army veteran who served from 1997-2004. During his enlistment he was Infantry squad leader at Fort Bragg, North Carolina and Fort Lewis, Washington. After his enlistment he worked as a tractor trailer driver. In 2009 however, he was in a serious motorcycle accident after losing control motorcycle and hitting a tree, resulting in him being paralyzed from the waist down and having severe nerve damage in his right arm. He had multiple surgeries to his right arm trying repair the damage and give him some more function but that wasn't the case so he currently only has use of his left arm.

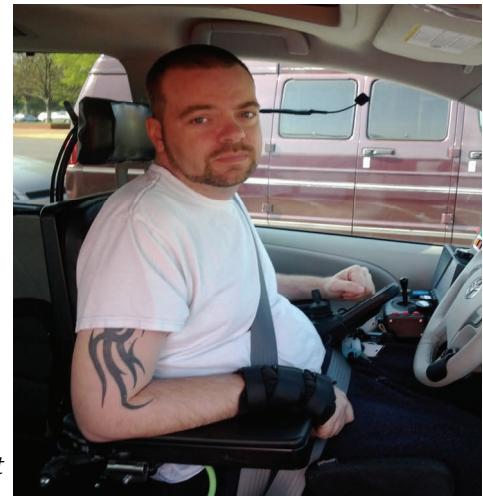
In the spring-summer of 2011 he was referred to the AT program. In his own words, this is what he had to say about the program.

Tell us about your experience with the Assistive Technology Program?

The program has been good and has helped me on few different occasions. The biggest way has been with training using AEVIT joystick driving system.

What Challenges were you having that resulted in you being referred to the program?

Wanting to be able to drive and be independent again is what brought me to this program. Not knowing what equipment was available and what equipment I needed to use in order to drive again.



Jeffrey East driving his new van!

Who did you see?

Brandon Daniels in Driver's Rehab

What device/program did you get?

AEVIT 2.0 driving system with joystick control

How has the device changed your life or impacted your life?

It's been the last step in my gaining my independence. So, now I am completely independent for the most part, needing minimal assistance sometimes.

What activities are you doing now that you were not able to do before?

Going to appointments without having to wait for someone to take me, going out and running errands and training for the wheelchair games.

Would you say your quality of life has improved?

Improved tremendously and has been a complete turnaround going from being dependent others to being completely independent.

Is there anything we have not covered that you would like to include?

No



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Assistive Technology Program Mission

To enhance the ability of Veterans and Active Duty members with disabilities to fulfill life goals through the coordination and provision of appropriate interdisciplinary assistive technology services.

To serve as an expert resource to support the application of assistive technology within the VA health care system.

Nuts & Bolts of Rehab Engineering Rehabilitation Engineering Research Centers ...Ben Salatin, MS

A great resource for keeping up with the cutting edge of AT is called the Rehabilitation Engineering Research Centers (RERCs). These centers, funded through NIDRR, conduct and disseminate research of an engineering or technical nature designed to apply advanced technology, scientific achievement, psychological and social knowledge to solve rehabilitation problems and remove environmental barriers. Each of these RERCs are affiliated with at least one university or nonprofit organization. They seek to find and evaluate the newest technologies, products, and methods that can benefit the independence of persons with disabilities and the universal design of environments for people of all ages.

Currently there are 19 RERCs in operation with ongoing research in the following areas:

- Aging
- Blindness & low vision
- Cognitive rehab
- Hearing deficits
- Wheeled mobility
- Wireless technology
- Workplace accommodations
- Prosthetics & orthotics
- Recreation technology
- Stroke rehab
- Wheelchair transportation safety
- Universal design
- Communication enhancement
- Accessible public transit
- Spinal cord injury

- Telerehabilitation
- Computer access
- Orthopedic disabilities
- Telecomm access

Check out this link <http://bit.ly/n9iyo5> to see the list of RERCs with descriptions of each center's projects, contact information and links to their individual web pages.