



# AVRT



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*Association of Vision  
Rehabilitation Therapists*

*Spring 2018 Edition*      *May 15, 2018*

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## **Editor's Note**

**Dear Fellow Professionals:**

**Spring is finally here! It is always fun to see brown turn to green. I also love the smell of blossoms around my neighborhood. I am excited about our upcoming AVRT Conference November 8-10 in Cleveland, Ohio. It is always so great to see old colleagues and meet new ones in the profession! At the same time, we will be able to get continuing education credits for re-certification!**

**This conference will be a steller one. Lenore and her committee are busy working to make it one of the best! There will be breakout sessions covering many topics that will energize all of us. Remember—this is the only organization that is specifically for visual rehab therapists.**

**It is not too early to start nominating colleagues for the Charlyn Allen and Alice Raftary Emerging Leader Awards. The criteria is later in this newsletter. We also have stipends and college scholarships for persons preparing for the field, certification/re-certification, and first timers to the conference. Applications and instructions for these scholarships can be downloaded from the website at [www.avrt.org](http://www.avrt.org).**

**The deadline for the summer newsletter is July 15<sup>th</sup>. Please consider writing an article which could include new products and how to use them, technology eye research, recipes, announcements, techniques on teaching, etc. We need articles from members who have not submitted before or in a long time. I am expecting a full mailbox!**

**Have a fun-filled spring!**

**Pam Holloway, CVRT, Newsletter Editor**

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## President's Message

### **“Spring Back”**

Those of us who observe daylight saving time are familiar with the phrase "spring ahead" to denote how to properly set our clocks ahead in the spring. It also came to mind that it is important to know how to spring back as well. How do we and our clients learn to spring back when things do not go as planned or we are not as successful as we would like to be? Although when providing training and instruction we work to ensure accuracy and success, things do not always work out the way we thought they would. Certainly this is also the case when the client independently performs skills following training. How do we help clients to become resilient? It is important to help clients understand that it is okay to make mistakes and to feel comfortable doing so. We learn much from making mistakes and doing so during training provides additional safety and support. What happens when mistakes or even failure occurs outside of training?

In the Self-Esteem and Adjusting with Blindness course I teach for the Hadley Institute, we discuss responses to failure and how they impact self-esteem. We discuss trying harder through repeated efforts, altering aspirations to replace an unattainable goal with a more attainable one, relaxing standards to accept success at any level (e.g. coming in second place in a marathon is still an accomplishment of which to be very proud) and giving up. Even giving up can be appropriate if the task is not worth the time and effort or you have decided on another course of action, but you do not want to establish a pattern of giving up. I encourage you to talk with your clients about their response to failure and to making mistakes. Encourage them to have high expectations but to not be too hard on themselves. To push themselves to try things outside of their comfort zone but to be patient with themselves as well. Encourage them to think of problems as challenges and

**challenges as opportunities. Reinforce the phrase "spring back" as a concept to be used as one of the tools to overcome adversity.**

**I also hope that as professionals, you continue to spring back from any adversity. Strengthening your network of support and expanding your knowledge and resources enable you to be resilient. A fabulous opportunity for both is our professional development conference in November which is discussed later in this newsletter. We hope you will join us in Cleveland to celebrate our profession and gain valuable information to enhance the quality of service you provide.**

**I would also like to take this opportunity to thank our Treasurer, Sue Dalton, for her fundraising efforts. Sue coordinated our Amazon gift card raffle and also obtained funds through a local grant and donation from her local Lions Clubs with proceeds totaling \$1,642.45. She is a true testament to the difference one person can make.**

**Enjoy the sights, sounds and smells of spring and remember that although our clocks may spring ahead once a year, be sure to spring back the whole year through.**

**Warm regards,  
Jennifer Ottowitz, CVRT  
President, AVRT**

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## **Fundraising Efforts Support AVRT Scholarships**

**By Jennifer Ottowitz, CVRT**

**Earlier this year, AVRT engaged in efforts to raise funds to support our annual scholarship and stipend awards. We present a \$500 scholarship to a student in a university training program studying to become a vision rehabilitation therapist. We also provide stipends for someone seeking certification or recertification as a CVRT through the Academy of Certification for Vision Rehabilitation and Education Professionals (ACVREP) as well as a stipend for a first-time attendee to the AVRT professional development conference. This year's efforts included a raffle for Amazon gift cards. We would like to thank all who sold and purchased tickets. The raffle winners are as follows:**

<b>\$100</b>	<b>- Carrie Yanez</b>
<b>\$75</b>	<b>- David Ottowitz</b>
<b>\$50</b>	<b>- Stefania Backs</b>
<b>\$25</b>	<b>- Beverly Kaiser</b>
<b>\$25</b>	<b>- Cosmina Backs</b>

**We were also fortunate to receive a \$250 grant from Thrivent Financial and a \$250 donation by the Union Lioness Club. The Union Lions Club donated a portion of the proceeds from their annual pancake breakfast to support our efforts which resulted in a donation of \$625. Our Treasurer, Sue Dalton, hosted an information table at the pancake breakfast to share information about AVRT as well as the work of vision rehabilitation therapists to help those whose lives are impacted by vision loss. We would like to deeply thank these donors from northern Illinois for their generous support.**

**We welcome any ideas you may have to help raise additional funds to support our scholarship and stipends. Please visit the AVRT website (avrt.org) for more information on these financial awards.**

**We have some very exciting fundraising opportunities planned for our professional development conference in November. We look forward to your help with providing financial assistance to encourage continuing education efforts within our field. Stay tuned to upcoming newsletters and our website for more information about the chance to win some exciting gifts while making a difference.**

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## **Alice Raftary and Charlyn Allen Awards:**

### **Alice Raftary Emerging Leader Award**

This award was named in honor of Alice Raftary in recognition of her continuous mentoring and support of new professionals to the VRT profession and her years of dedicated work both within the field and the organization. Alice was a true legend, a wonderful mentor, and an inspiration to many professionals. Her story can be found in the APH Hall of Fame.

#### **Purpose:**

The award shall be presented to an individual who demonstrates potential for exceptional leadership and is expected to provide a unique and lasting contribution to the field of Vision Rehabilitation Therapy.

#### **Criteria:**

- A nominee shall be an ACREVP-certified vision rehabilitation therapist.
- A nominee should have no more than three years of VRT direct professional service.
- A nominee should demonstrate outstanding professionalism and service to the field.
- A nominee shall be a member of AVRT.

#### **Nominating Procedures:**

- All nominations should include biographical information, education and training, employment, leadership qualities, contributions and achievements.

- A supervisor or professional mentor should submit the nomination.
- If possible, a copy of the nominee's curriculum vitae or resume should be included.
- The Awards Committee shall select the award recipient based on nominations provided.
- Nominations must be submitted to the Awards Committee Chair.

Nominations for the Alice Raftary award should be sent to Pamela Holloway, CVRT at [pholloway@okdrs.gov](mailto:pholloway@okdrs.gov) (deadline is Oct 5, 2018).

### The Charlyn Allen Award

Charlyn Allen worked in the field of rehabilitation teaching for the state of Missouri for approximately 35 years. The last 10 years she was supervisor for the Missouri Bureau for the Blind. Mrs. Allen was president of MACRT, then MCHT, in the late 1950s; she then assumed a leadership role in all of MACRT's conferences as well as other groups relative to rehabilitation teaching of persons with visual impairment.

MACRT named this award in honor of Charlyn Allen, a remarkable woman who happened to be blind, who exemplified dedication and service to the rehabilitation of persons who are blind. This award is presented annually at our Training Conference awards lunch.

#### Criteria:

- A nominee shall be an ACVREP-certified vision rehabilitation therapist.

- **A nominee should demonstrate outstanding professionalism and service to the field.**
- **A nominee shall be a member of AVRT.**

**Nominations for the Charlyn Allen Award should be sent to Elaine Boykin at [eboykin@okdrs.gov](mailto:eboykin@okdrs.gov) (deadline is October 5, 2018).**

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# Association of Vision Rehabilitation Therapists

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**Rockin' at the AVRT Conference:  
Listening, Learning & Leading VRT's into the Future  
Professional Development Training  
Cleveland, Ohio  
November 8<sup>th</sup> – 10<sup>th</sup> 2018**

**Dear Colleagues,**

**I am pleased to announce that the Annual Professional Development Conference of the Association of Vision Rehabilitation Therapists (AVRT) will be held in Cleveland, Ohio, Thursday, November 8, through Saturday, November 10, 2018. This is a stellar training specifically designed for Vision Rehabilitation Therapists (VRT's). Our Mission: To empower people with vision loss to realize their full potential and to shape the community's vision of that potential. The first professional conference for Home Teachers (as Vision Rehabilitation Therapists were then called) was held in 1946 in Chicago. Now, 72 years later, our conference will celebrate in Cleveland, Ohio. Cleveland Sight Center has once again earned Charity Navigator's highest rating! Cleveland is home to the Cleveland Indians and Cleveland Cavaliers and, of course, LeBron James. Cleveland is also known for its culturally diverse food and the Rock and Roll Hall of Fame, and is actually known as the rock and roll capital of the world. The Cleveland Airport Marriott has graciously given us the rates of \$89.00 for a single or double room. They are also a pet friendly hotel and all guide dogs will receive a dog biscuit to welcome them to Cleveland. We invite you to come and join our post-conference**

on Saturday, November 10<sup>th</sup>, from 1:30 to 3:00 p.m., given by OrCam, and learn how this could be a useful tool for a person with vision loss and also how you can become a certified trainer in your state. There will be 10 rooms available at the contract rate of \$89.00 on Saturday, November 10<sup>th</sup>, for anyone that would like to stay after the conference.

To make reservations, contact the hotel:

**Cleveland Airport Marriott  
4277 W. 150<sup>th</sup> Street  
Cleveland, OH 44135-1310  
1-216-252-5333**

Our group name is AVRT Professional Development Training Conference. Our group code is VIS. You can call Marriott Reservations at 1-800-228-9290 or use the online link [www.marriott.com](http://www.marriott.com) to also make reservations. There will be a registration cut-off of 100 people, so please make your reservations as soon as possible.

**Shuttle service:** Once you grab your luggage, you should call the hotel at 1-216-252-5333 to let them know you need a pickup. There will be signs to follow but once you get your luggage, head to baggage claim door #6 and take the escalator heading downstairs; once at the bottom, take the next escalator up and then go out the door to the right. This will take you to the hotel shuttle pickup area. It can take up to 15-20 minutes depending on the run. The shuttle departs the hotel every 20 minutes in the morning until 12 noon and then every 30 minutes.

Early bird registration of \$150.00 will be available until Sunday, October 7, 2018. After October 7<sup>th</sup>, the registration fee will be \$175.00. If you are retired (no longer working in Vision Rehabilitation) you will be eligible for a discounted fee of \$125.00. If you are a student and have documentation from your faculty

**advisor, you are eligible for a reduced fee of \$125.00. For individuals wanting to attend one day only, the registration fee will be \$100.00, unless you are retired or a student, then the one day fee will be \$80.00. If you are selected as a speaker, \$25.00 will be reduced from your registration.**

**Registration will include a buffet lunch on Thursday, a plated lunch for our awards banquet on Friday, and breakfast on Saturday. CEUs will be provided for individuals who possess certification from ACVREP. CRC will also be provided. If you attend the Post-Conference for OrCam, upon completion of the session a certificate as an OrCam provider will be issued to you. If you have not yet attended an AVRT conference, you are missing a treat. Each year this professional development conference gets better and better. I hope to see you in Cleveland.**

**Warmest regards,  
Lenore Dillon, Conference Chair**

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## Meet an AVRT Member...Doug Anzlovar

By Susan M. Dalton, CVRT

**AVRT would like to introduce you to one of our esteemed members, Doug Anzlovar. He currently serves as the Chief Learning Officer at Hadley Institute for the Blind and Visually Impaired where he has been employed for the past ten years. Doug started out as a curriculum designer and instructor, then moved up through the ranks to Dean followed by his present position as Chief Learning Officer. His job entails supervising faculty and the senior leadership team for the organization and also oversees the Student Services Department. He is quite involved in policy development and helping plan strategic directions. Before coming to Hadley, Doug taught in Chicago Public Schools for ten years as teacher of visually impaired where he ran a resource program at the high school level.**

**Doug tells us, “From a young age, I wanted to be a teacher...family and friends could never understand that.” He shares that he had a rough experience in elementary and junior high school while growing up in a small town in Central Illinois, dealing with bullying and some teachers who just didn’t know how to help. His vision condition was hard to understand – Was he blind? Can he see? It was a hard struggle to just get it right for the professionals. After having such a difficult school experience – why would he want to be a teacher? Doug said, “I felt like I wanted to make a positive impact on blind and visually impaired kids’ or adults’ lives, and impart some of that learning.” As a teacher, Doug could identify with some of the kids he ended up teaching, and recall what he went through at different points of his life including depression, adequacy issues, and competing with sighted people. So, by being a teacher he could offer guidance and support.**

**Doug graduated from Northern Illinois with a degree as teacher of visually impaired in the early 90s and then received his master's degree in Rehabilitation of the Adult Blind shortly thereafter.**

**An accomplishment about which Doug is particularly proud:**

**About five years ago, Doug was invited by the superintendent of his home school district to give the high school commencement address. After getting to know Doug through the Rotary Club, the superintendent got to learn more about Doug's story and said that he really thought that the graduates of his school needed to hear from him. This was quite an internal struggle for Doug and he didn't think he could do this.**

**Since he did not have the best experience in school, it was something that he just wanted to put behind him. But...he finally gave in. He states that it was, "...one of the most terrifying things I've ever done. Not only graduates, but their parents who were students or relatives of those I went to school with. It scared the heck out of me!" His thoughts included concerns about what he could possibly share, what value could he bring to these graduates. He was nervous...but he spoke from the heart. He talked about the challenges that blind and visually impaired kids had to go through and how he personally made the transition from school to adult life and his career. He shared that people who are blind or visually impaired can have normal lives. And finally, he challenged the graduates to embrace diversity as they go on to college, vocational school, and employment by accepting those who are different and getting to know them.**

**Afterwards, several people came up to talk with him, including a few of his former teachers. One former classmate stated, "We knew you didn't see well, but we never truly understood. We didn't realize your vision was as bad as it is." She said she would wave to Doug from down the hall and he wouldn't wave back. The**



**classmate added, “We wish we would have known – we thought you didn’t want to have anything to do with us.”**

**When Doug talks with professionals, he often relates this story. His advice is, “Visually impaired persons need to be honest about their visual impairment. The more you try to hide it, the more prevalent it is – and it can send some false messages.”**

**Doug acknowledges that this ended up being a very healing experience. It made him think differently about his school experience and helped him close the door on that chapter of his life.**

### **Some Doug Anzlovar Trivia:**

**His guilty pleasure TV shows: Downton Abbey and Lost in Space. He’s fascinated with history and the whole era of Downtown Abbey with its different class system and how that all worked.**

**Famous people he’s met: Well, he never quite got to the real thing, but is proud to report that while touring the White House when doing his VRT internship, because he was traveling with a person who used a wheel chair, they got to use the same elevator as the president!!**

**His personal interests: Doug loves to cruise. He considers that to be the ultimate vacation – getting on the ship, seeing a variety of different places. He loves the beach, the Caribbean and the water. It’s probably one of the most relaxing things he’s ever done – by sitting on the balcony, hearing the ship move through the water and seeing the foam of the waves. He’s been to London, Paris, Florence, Rome, Capri and Pompeii. He’s looking forward to an upcoming Caribbean cruise on a new mega ship in the fall.**

**What inspires him: When working with a student or adult who is visually impaired trying to teach a skill that they want to learn – and they grapple with it – and then suddenly it “clicks” – that is an**

**inspiration. Also when he sees other professionals in the field doing great things, organizations giving top notch services, and sharing with other peers and leaders from across the country – THAT is inspiring to him!**

**Doug is a true professional and a vibrant personality. AVRT is proud to have him as a former board of director's member and current member. Be sure to take some time to introduce yourself to him the next time he's in your area.**

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## **Differentiating Between ACVREP and AER**

**While the roles are different, each organization is involved in supporting best practice standards and providing for professional growth. Collaboration is a central value held by both ACVREP and AER. We work together and with others in our field to address critical issues. We hope that the information below will help clarify what each does and will be useful to you.**

### **What ACVREP Does**

- ACVREP is the independent certification organization that certifies the professionals who provide services to individuals who are blind and visually impaired. Current certifications are COMS, CVRT, CLVT, CATIS.\* New certifications are under development for Canadian Adult Deafblind Intervener and Audio Describers.**
  - Establishes certification knowledge and practice standards, the Code of Ethics and the certification exams using Subject Matter Expert Committees in collaboration with the ACVREP Board of Directors.**
  - Approves CE Providers to ensure that continuing education meets best practices standards and is within one of the 14 approved continuing education domain areas.**
  - Approves applications for certification ensuring that certification standards have been met.**
  - Approves applications for recertification ensuring that certificates remain current in their field and up to date on best practices.**
  - Maintains the official database of certificate records that provides verification of certification.**
  - Collaborates with other organizations in the field including AER to address issues and challenges facing the field.**
- \* \* Note: TVIs are not certified by ACVREP but rather licensed through their state requirements for teachers.**

## What AER Does

- AER is the membership organization for O&M, LVT, VRT, ATBVI, TVI and other professionals who provide services to individuals with vision loss. Members include both certified and non-certified professionals.
- Promotes and supports the professions by advocating for evidence-based practices, high quality standards, value added resources and giving voice to issues of critical importance.
- Provides professional development via face-to-face conferences, virtual offerings and publications to strengthen the knowledge, skills and abilities of professionals within the field.
- Provides networking, mentoring, connectivity, awards and scholarships for professionals within the field.
- Provides divisions – which are interest groups organized by members to advance excellence within the profession. Divisions focus on specific disciplines or relevant topical areas within the profession.
- Administers the AER Accreditation Program that is designed to facilitate continuous improvement and optimal outcomes for college and university professional preparation programs and agencies and schools that provide services to individuals with vision loss.
- Collaborates with other organizations in the field including ACVREP to address issues and challenges facing the field.

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**Dual Sensory Loss in Senior Adult Populations:**  
**Common and Commonly Overlooked**  
**Submitted by Cyndy Greenacre**

**7 Trends from Research Literature**

**Dual Sensory Impairment, a combination of vision impairment or blindness and hearing impairment, affects some 21% of adults over the age of 70. This number is predicted to increase as the population ages, meaning more of our aging RT clients will acquire hearing loss, often with concomitant health issues. A review of the literature reveals relatively little written about best practices in rehabilitation for this growing population, or even in clearly defining the impact of dual sensory loss on functioning. However, seven trends appear and echo among the data and articles researched.**

- 1. The population with dual sensory loss is highly heterogeneous with widely differing needs. (Jee J, Wang JJ, Rose KA, Lindley R, Landau P, Mitchell P. 2005) This is due to the interaction between the varying nature and degrees of both visual impairment and hearing impairment. Functional impact of sensory loss can vary widely as well; a person with a mild hearing loss may function well in a quiet environment but be totally lost in a noisy one. (Wadsworth J,1999) Mild hearing losses more strongly impact those who use audition to compensate for vision impairment.**
  
- 2. Age-related conditions are the most common causes of acquired hearing loss in persons with blindness or vision impairment. Atrophy and decreased elasticity affect many components of hearing from the pinna to the tympanic membrane, hair cells, organ of corti and the basilar membrane. The second most common causes are disease**

**processes, like infections or diabetes, genetic factors or hereditary syndromes, such as Ushers. Following these are long-term exposure to noise, some drugs, or toxins like tobacco.**

- 3. Most of the available research on dual sensory impairment relies heavily on self-report methods which complicates comparisons and generalizing findings across the population. For logistical reasons, many of the research protocols used nonstandardized or subjective measurements for hearing or vision impairment. There is not much research available that addresses rehabilitation.**
  
- 4. Dual sensory loss is positively correlated with statistically significantly poorer physical function, general health perceptions, vitality, and mental and social well-being as compared to a single sensory impairment. Individuals with dual sensory impairment report lower functional independence, participation in activities of daily living such as shopping, meal preparation and visiting friends, as well as lower self-rated measures of physical and emotional health. This is true even with study participants who were blind or visually impaired for much of their lives and only recently acquired a mild to moderate hearing loss.**
  
- 5. Dual sensory loss is correlated with earlier and more rapid decline in cognitive functions like processing information and memory. These cognitive changes are independent of dementia or brain pathologies such as tumors or strokes. While theories on causation abound, data seem to suggest that this could simply relate to reductions of incoming social and sensory input and the substantial cognitive load required**

**to process degraded auditory signals or make more typical compensations for sensory impairments.**

- 6. Healthcare providers and other service providers tend to not actively look for dual sensory impairment in adults with a single sensory loss. (Van Vliet, 2005) Among older adults, with or without visual impairment, mild to moderate hearing loss may be attributed to changes in cognition, psychosocial factors or general frailty. Conversely, developing dementia statistically significantly raises the risk for vision or hearing impairment. Yet, despite the prevalence of sensory impairment in dementia, hearing and vision loss is often not diagnosed and not treated.**
  
- 7. Suggestions for improving rehabilitation outcomes for adults with dual sensory loss tend to be straightforward, consumer-centered and emphasize good communication. Articles summaries offered suggestions to test for dual sensory loss, employ assistive technology, ensure information is presented under optimal environmental conditions and in the persons' preferred form of media, and creating redundancy through multiple perceptual channels.**

**Many articles ended with a recommendation that more research and collaboration are needed; there is much more to be learned about dual sensory impairment. Further research will help develop standard definitions and measure the effects of dual sensory impairment. This, in turn, will help build sound approaches to therapy and rehabilitation. Aging clients with dual sensory impairment are predicted to increasingly populate caseloads. Rehabilitation therapists, due to their close involvement with and understanding of their clients, are in a unique position to bring awareness to and help define their specialized needs.**

**Communication, collaboration and cross-training among hearing and vision professionals will help guide research questions while providing integrated services to RT clients.**

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## **Announcements**

### **AFB Tech Survey**



1401 South Clark Street,  
Suite 730  
Arlington, VA 22202

Tel 202.469.6831  
[www.afb.org](http://www.afb.org)

### **AFB DirectConnect**

**You're Invited!**

**Take AFB's Tech Surveys, and  
Tell Policymakers Your Story about How Well Industry is Doing**

**Visit: [www.AFB.org/TechSurveys](http://www.AFB.org/TechSurveys)**

**If you use a mobile phone, watch television, use office communications equipment, enjoy described TV, or in any other way make use of today's most popular technologies, this invitation is for you!**

**The Twenty-First Century Communications and Video Accessibility Act (CVAA), the most comprehensive disability and technology policy enacted since the landmark Americans with Disabilities Act, became law in October 2010. We are asking for your help in determining how well the**

**communications and video industries are doing to meet the expectations of the CVAA. The CVAA is intended to revolutionize the way in which people who are blind or visually impaired can fully use and enjoy today's most popular technologies, from mobile phones to tablet computers, from VoIP office telephone equipment to email and electronic messaging, from digital televisions and cable/satellite set top boxes to emergency alerts, and TV programming accessibility through video description.**

**To periodically assess how well industry is doing to ensure the accessibility and usability of communications and video technologies, we have developed an array of surveys to help us gauge and report on the experiences, both positive and negative, of consumers with vision loss who are using these technologies today.**

**By taking a few minutes to respond to these surveys, you can help us track how effectively these technologies meet your needs. In addition, your responses will help AFB keep policy makers informed about how well the communications and video programming industries are doing to comply with federal law and to offer truly accessible and usable products and**

**services.**

**We may share your specific feedback with Congress, as well as the Federal Communications Commission (the agency with enforcement responsibilities for much of the subject matter covered by this survey) so that they can hear directly, but anonymously, from consumers across the country.**

**The more complete that your answers are, the more useful these survey results will be. If you do not have time to respond to all of the surveys right now, respond to the ones that you have time for now and come back as often as you would like to offer additional feedback.**

**While you can take these surveys anonymously, we do invite you to share your contact information with us, particularly if you would welcome the opportunity to speak in greater detail about the challenges you may be facing using today's communications and video technologies.**

**Thank you for participating in this important work, and please do share this open invitation widely with your networks.**

**For further information, contact:**

**Mark Richert, Esq.**

**Director, Public Policy, AFB**

**(202) 469-6833**

**[MRichert@afb.net](mailto:MRichert@afb.net)**

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## Continuing Education Opportunity

New On-Demand, Recorded Webinar from Hadley:

### [“From One to Many: Successfully Adapting Instruction to a Group Setting”](#)

Even the most seasoned vision rehab therapist may wonder how best to adjust their teaching style when given the opportunity to instruct in a group setting. Join Polly Abbott, CVRT and Director of Rehabilitation Services at Second Sense in Chicago, for an on-demand, recorded webinar as she illustrates how to adapt teaching methods for groups of various sizes and compositions by sharing how she teaches the skills needed for clients to entertain in their home.

**CE credit: 1 CE from ACVREP**

**AVRT members seeking CE credit from ACVREP must enter the group code avrt217 in the group code field on the registration form to be eligible to receive credit at no cost.**

[Register for the One to Many webinar](#)

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## **The Air Fryer, It's More Than Just Hot Air!**

**Helen Hahn, CTVI/CVRT  
Braille and Academic Instructor  
Alphapointe, Kansas City**

**Some of our clients at Alphapointe were asking about the latest Air Fryer craze. So, our daily living teacher, Becky Dumsky, went to a department store and purchased a compact model with external knob controls to adjust time and temperature. The knobs are essential if you cannot see the digital information. Also, Bump Dots work well as tactile markers.**

**During the first trial, chicken wings made from scratch and homemade kale chips were prepared, and the taste testers rated them a success. Although the Air Fryer has been promoted as a healthier alternative to deep frying, the consumers at Alphapointe have discovered that this phenomenal item is a safe and completely blind-friendly appliance to cook with.**

### **HOW TO USE IT**

**These are the directions that were sent home with my cooking Club students, so that they could work with it at home. The students used the medium-sized Air Fryer. The advantage to the 2.5 to 3 quart appliance is that the basket is much larger, thus, having the capability to hold more food.**

#### **INSTRUCTIONS:**

- 1. Place a tray or a cookie sheet near the device for easy location, and to ensure that you are placing the basket holder on a safe and protective surface. The bottom of the**

**basket holder does get warm, especially after multiple batches of food have been cooked.**

- 2. Place food to be cooked in a bowl and lightly spray with cooking oil. (A small amount of cooking spray or oil is optional).**
- 3. Remove basket and holder from the unit and place it on a tray or cookie sheet.**
- 4. Place food in fryer basket; shake lightly to distribute the ingredients. NOTE: The recommendation is to place a single layer of food into the basket. This allows for the air to circulate, thus, improving the cooking process.**
- 5. Place the basket holder in the Air Fryer.**
- 6. Plug it in.**
- 7. Set the temperature knob to the desired cooking temperature.**
- 8. Set the time control knob to the desired time. NOTE: At any time, if the basket holder is removed, the unit will automatically shut down until the basket holder is replaced. Also, although warm air will flow through the vents, the outside of the unit does not get warm to the touch—two incredible safety features.**
- 9. If the food requires shaking mid-way through the cooking process, set the timer for half the time. When the timer rings, shake, and then reset the timer. You may stop and check the doneness at any time.**
- 10. When desired doneness is obtained, remove basket holder from the unit and place it on the tray.**
- 11. Then gently tip the food into a bowl. Let cool briefly before serving.**

### **REVIEWS FROM CONSUMERS**

**Thirty-six year-old Ronald said, “I really like the Air Fryer a lot, and I like the way the food tastes, too. It didn’t get hot on the outside, so I felt very safe with it.” He added, “My only complaint is that the compact fryer is rather small, and you can’t put much food in the basket at one time.” Ron shared that when he went to the store to**

buy a medium-sized appliance, they only had them in digital. He plans to buy one online very soon.

Last month at Cooking Club, the students used the Air Fryer to prepare frozen chicken nuggets, BBQ wings, and Tater Tots. They devoured everything! Sadly, the fresh veggies that they peeled and chopped ended up in the compost pile.

Here's what two students had to say:

Eleven year old Brooke stated, "I think the Air Fryer was very easy to use, and I felt very safe using it. The food doesn't take long to cook, either. I enjoyed it, and hope to cook with it again soon."

Sixteen year old Meg said, "I learned something new when I attended cooking club this past month. The air fryer was really easy to use. I felt safe using it. It's a great way to be lazy when cooking in the kitchen." Then Meg continued, "I think the Air Fryer is a tool that is definitely something that I would use in the future. Even when I have kids, I feel like I don't have to worry about them burning themselves. The Air Fryer doesn't get too hot, so little kids could help their parents cook. That's how safe I felt using it.

### **HOW CAN I LEARN MORE?**

Becky and I got started by going online. Search and you will find a plethora of information about the product, reviews, recipes, and more. So get started at: [www.aircooking.com](http://www.aircooking.com). ENJOY!!!

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## **From the Editor's Kitchen**

### **Sugar Free Lemon Pie**

**Contributed by Debra Mendez, M.Ed. VRT**

#### **What You Need:**

- 1 large pkg. Jell-O Instant Sugar Free Vanilla Pudding
- 1 tub Crystal Light Lemonade
- 2 cups milk
- 16 oz. Cool Whip Lite
- 2 graham cracker crusts

#### **Make It:**

- Mix pudding & lemonade tub together. Add milk and whisk until thick.
- Stir in Cool Whip until blended.
- Place in pie shells, chill and enjoy.

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## **Raw Kale & Garbanzo Salad with Spicy Citrus Vinaigrette**

**Contributed by Albin Zotigh, Rehab Tech**

### **Ingredients:**

- 3 cups chopped fresh kale
- 1 can of garbanzos, drained (or 1.5 c cooked garbanzos, if you've cooked your own from dried)
- ½ medium carrot, sliced into thin discs
- 1 cup sliced red onions

### **Spicy Citrus Vinaigrette:**

- Juice of 2 large oranges
- 1 Tablespoon rice vinegar
- 1 Tablespoon olive oil
- 1 teaspoon honey
- Generous pinch of salt
- ¼ teaspoon cayenne pepper
- Generous amount of ground black pepper

### **Instructions:**

1. In a small bowl whisk together the dressing ingredients until completely combined. Set aside.
2. In a larger bowl, combine the kale, garbanzo beans, onions & carrots. Pour the dressing over the salad and toss together until everything is completely coated. Serve immediately or if you prefer softer kale, allow to rest for about 10 minutes before enjoying. Serve as an entree or as a side, but most importantly, enjoy!

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**Transcendental Salad**  
**Contributed by Albin Zotigh, Rehab Tech**

**The Salad:**

**2 stalks celery, chopped**  
**1 red pepper, chopped**  
**½ medium red onion, chopped**  
**2 large eggs, hard boiled, cooled, and chopped**  
**¼ cup cubed cheddar cheese**  
**1 small bag of frozen peas**  
**1 15 oz. can yellow hominy, drained**

**The Dressing:**

**¼ cup rice wine vinegar**  
**1 tsp dried mustard**  
**1 tsp sugar**  
**¼ tsp dried dill**  
**¼ tsp ground coriander**  
**Salt and pepper to taste**  
**2 Tablespoons Extra Virgin Olive Oil**  
**2-3 sprigs of mint leaves, chopped**

**Place salad ingredients into large bowl, and allow to stand while you place the dressing ingredients into a jar with a tight fitting lid. Add the oil last, and then shake it up! Pour over the salad, and toss lightly with a slotted spoon. Cover the container, and allow to chill at least two hours, or better yet, overnight.**

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