

THE **communiqué**

Illinois Occupational Therapy Association

Mara Sonkin, OTR/L

Impact of Visual Changes on Participation in Daily Life

People utilize all of their five senses to interpret and interact with the environment, but we tend to rely on vision the most. As a result of aging or trauma, vision can change in a way that just an adjustment in glasses prescription cannot fix. Macular degeneration, glaucoma, retinopathy, homonymous hemianopsia, or cortical blindness all have significant impact on an individual independence, psychosocial well being, and safety.

One misconception about vision loss is

that it only impacts older adults. In fact there is a younger portion of the population who face visual challenges as a result of a stroke, brain injury or other sudden trauma.

Driving is one major area of independence that can be impacted by vision loss. This means that community mobility, and participation in leisure activities outside the home become dependent on others. They must depend on family or a neighbor's schedule when

The Occupational Therapist plays a huge role in promoting independence and safety

...Continued on Page 12

Phyllis Coleman

My Professional Journey of 40 Years!

I currently work for Alexian Brothers Home Health and have spent 40 years with the Alexian Brothers Health System working as an Occupational Therapist.

My journey will end July 1st when I retire to spend time with my mother of 90 years, grandchildren, my church and perhaps some volunteering. It has been a real privilege and a pleasure to serve.

During my 40 year OT career I have fought and won ovarian cancer, dialysis and a kidney transplant continuing to work through my chemo and radiation and post surgical

treatments. These experiences have provided insight into what my patients are experiencing and have given me strength and inspiration. I have been seeing patients in their homes for the past 17 years and prior to that I was the manager of OT for Rehab for 23 years.

I was drawn to occupational therapy through my experience as a candy striper in a hospital, knowing I was interested in the healthcare professions but not certain which one. After observing both OT and PT, I chose Occupational Therapy.

Following 23 years of working in rehab

...Continued on Page 13

In this issue:

- Legislative Update

Illinois Budget woes on Page 7.

- Student Voice

Matthew Clinger and the Chicago Lighthouse on Page 10.

- 2012 Conference

Interested in presenting in November? See a list of topics on Page 13.

- Sexuality and SCI

Read about addressing sexuality issues in patients with spinal cord injury on Page 14.

- Meet the Board

Learn about Teresa Oster-McCarty, ILOTA Director of Membership on Page 15.

- Clinical Spotlight

Read about Steven W. Lesht on Page 9.

ILOTA Board

The Illinois Occupational Therapy Association of Illinois is the official representation of the OT professionals in the State of Illinois.

ILOTA acknowledges and promotes professional excellence through a proactive, organized collaboration with OT personnel, the health care community, governmental agencies and consumers.

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The Communiqué

The mission of the Communiqué is to inform Illinois Occupational Therapy Association (ILOTA) members of current issues, trends and events affecting the practice of Occupational Therapy. The ILOTA publishes this newsletter bimonthly.

ILOTA does not sanction or promote one philosophy, procedure, or technique over another. Unless otherwise stated, the material published does not receive the endorsement or reflect the official position of the ILOTA. The Illinois Occupational Therapy Association hereby disclaims any liability or responsibility for the accuracy of material accepted for publication and techniques described.

Deadlines and Information

Articles and ads must be submitted by the last day of the month prior to the month of publication. Contact the ILOTA office for more information and advertising submission forms:

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Don't forget to renew your membership online at
[www.ilota.org!](http://www.ilota.org)

President's Address: OT Month Expression

Peggy Nelson



As we celebrate OT Month, we have asked for feedback from you on how you are spending your time at work and with family and friends to spread the word about OT. We want to share your ideas with others to increase the energy around OT awareness. There is still time to visit the ILOTA website and share your creative and innovative activities, or even send us pictures! I would like to challenge you to look at new

ideas not just during OT Month, but everyday to increase the “in the moment” OT awareness through education and ongoing communication to our peers, colleagues, referral sources, clients/patients, and families.

Some of the ways we are increasing “in the moment” OT awareness at ILOTA include:

- **Making Connections:** Our Member Clicks database and website provide the capability to look up members within the organization and reach out to them. You can search by name, by specialty area or even by your district to find other OT Practitioners that are close to you for a potential district meeting! I encourage you to take advantage of that benefit and network with your peers!
- **Ad Hoc Committee work:** We have several Ad Hoc Committees within ILOTA that serve to identify goals and priorities of our constituents to help move us forward on pertinent topics. An example of an Ad Hoc Committee is the EI Ad Hoc Task Force that was developed to represent ILOTA on state appointed work groups to ensure the voice of the OT Practitioners are heard. The group is progressing beyond that to develop resource tools for the EI Practitioner to assist with advocacy and education on the role of OT.
- **Bulletin Boards:** In addition to the ILOTA list serve, the new website has the capability to share topic specific conversations with other practitioners in a centralized location.
- **Communiqué:** We continue to communicate to our members through clinical articles provided by practitioners throughout the state. This helps us to learn from each other about the happenings within OT in Illinois, new clinical highlights shared by other practitioners and member spotlights to increase connectivity.
- **Advocacy:** Not only is our lobbyist, Maureen Mulhall out there working for us to stay abreast of issues that are important to our practice, she provides support and guidance for us on our own lobbying efforts.

Please visit our website at www.ilota.org to see how you can be involved or how we can help with issues that are related to you.

We also collaborate with AOTA on state advocacy issues and you can view the latest updates here:

<http://www.aota.org/Practitioners/Advocacy/State/StateNews/News.aspx>

What can you do to increase your “in the moment” OT awareness?

- **Be yourself.** OT practitioners are genuine; we value human connections, and our most cherished reward is in knowing we have positively affected another person's health and quality of life.
- **Talk about OT wherever you go!** Share your enthusiasm for the profession and help to educate along the way.
- **Be optimistically persistent.** Of his many unsuccessful experiments with the light bulb, Edison is remembered to have said, “I have not failed, I have found 10,000 ways not to build a light bulb.” Remain tenacious at letting the world know how truly important our work is.
- **Challenge yourself to learn as much as you can.** Never stop learning, improving and developing as a professional and as a practitioner. Utilize the evidence-based literature and incorporate it into your personal and organizational practices.
- **Collaborate with your peers to spread the word.** Two heads are better than one! Work with your coworkers to show how versatile, unique, and relevant occupational therapy is to health care and to society.

In closing, the strongest way of increasing our awareness is to be involved with your state and national organizations. ILOTA is the voice for the Illinois Occupational Therapy Practitioners and AOTA supports us globally. ILOTA membership protects your professional interests within the state by bringing the “in the moment” awareness of occupational therapy to the forefront of advocacy. ILOTA needs enthusiastic OT advocates just like you to volunteer to serve on committees and work groups. There is no time like the present to get involved! Together, our unity will ensure we put occupational therapy “in the moment” everyday!

Happy OT Month!
Peggy Nelson, ILOTA President

Photo Opinions

If you would like to be featured in Photo Opinions or know someone who would, please contact Carrie Nutter at codycheq@aol.com

Why do you enjoy working with the senior population?

We value our colleagues' opinions and views! In each issue we will ask a different question. Some may be thought provoking and some may be more whimsical, since as OTs we face both serious concerns and opportunities for creativity. We will feature responses and photos from different clinicians or students in each issue. If you have an idea for a question or would like to be considered for a future issue, please contact us.

The Rewards of Compassion

Working with the senior population is one of those jobs where the rewards outweigh the downfalls. It helps us realize that aging is not something to fear but rather a life process and a collection of memories. Age is not a burden but a state of mind. I provide treatment to many 90+ year old individuals who are so motivated to regain their level of independence. I fondly recall a resident who begged me not to give up on her after suffering a CVA. She wanted to attend a family function and after countless hours of therapy was able to go! When working with geriatrics you get to know those patients and families and in a way become part of their extended family. You are able to share their life experiences, stories of war, how they survived the Great Depression and how they lived without technology. I often feel they teach and help me more than I can help them. There is nothing more rewarding than coming home from work knowing that somehow and in some way you made a difference in at least one person's life. After all, we are all going to grow old one day and can only hope for the compassionate care we all deserve. I sincerely hope I have done just that.



Christine Sykstus, OTR/L
The Comprehensive Group

Sharing Life Lessons

My favorite thing about working with seniors is their sharing of life lessons. Their imparted wisdom serves to realign my attention to what is important in life. As an OT working with the elderly population, I get the opportunity each day to be reminded to be present in the moment, to enjoy the life I was given, and to take opportunities when they present themselves. Once, when discussing traveling with a former patient, she told me, "Now that I'm older, I consider the memories of all the things I did and places I traveled as money in the bank. I have those beautiful memories to keep me company." Without meaning to, she made a huge impact on my life. I think of her words regularly. So often we get overwhelmed with the day-to-day minutia of life and forget that it is all a beautiful journey to be celebrated. Because of their position along this journey, seniors have a heightened awareness of the preciousness of life. I feel blessed that I have the daily opportunity to collect these pearls of wisdom so that when I am older, my bank will be filled with beautiful, rich memories to keep me company as well.



Abby Waycoff, OTR/L
The Comprehensive Group

...Continued on Page 5

Why do you enjoy practicing in the Home Health setting?

The Benefits of a Support Network

Working in the Home Health setting provides a diverse caseload with a multitude of rewarding and challenging patient care opportunities. Having worked in many adult and geriatric practice areas it is evident patients thrive in their homes. For many of my patients, support networks of friends, family, church, and community are more accessible. Familiar surroundings foster comfort, confidence and a natural motivation to return to independence and regain a role within their home that they may have identified with for years. Further, the natural setting allows for optimal goal attainment with direct opportunities for hands on home modification, family and caregiver education with ideal settings for ADL and IADL reeducation.

Alternatively, practicing OT in skilled nursing has the benefits of a large team of therapists with unique training to grow and learn creative treatment techniques from. SNF's offer a variety of high-tech equipment and staff to ensure proper medication management and nutrition. Last, there are a variety of social outlets and the companionship of other residents to promote healing and emotional/ psychosocial welling being.



**Jill Flanagan, MOT, OTR/L
Quality Therapy**

A Bridge to the Community

I enjoy practicing OT in the Home Health setting for many reasons. Interacting with patients and families in their natural setting allows me to develop a rapport and promote recovery. The home environment readily allows for safety and accessibility modifications to improve independence and decrease fall or injury risk. Most rewarding is helping patients return their prior level of independence within their home and also assisting them with their return to prior roles within the community. The latter reacquisition of their roles and occupations often leads to regained personal confidence and fulfillment, the ultimate reward for any OT!



Izabela Sulek MOT, OTR/L

Photo Opinions

If you would like to be featured in Photo Opinions or know someone who would, please contact Carrie Nutter at codycheq@aol.com

OT Students: Meeting the Current Demands of OT Practice

Lisa Jean Knecht-Sabres, DHS, OTR/L, Mark Kovic, OTD, OTR/L, LaVonne Ellen St. Amand, MPH, OTR/L, & Minetta Wallingford, MHS, OTR/L
 Midwestern University, Downers Grove, IL

Introduction

Adult learning theory asserts that students require context-related and practice-specific learning to effectively integrate and apply knowledge. Numerous researchers have provided evidence that these types of learning experiences are key to not only understanding course content, but to developing many of the skills and behaviors necessary for clinical practice (Lindstrom-Hazel & West-Frasier, 2004; May, Park, & Lee, 2009; McCannon et. al, 2004; Reeves et. al, 2004).

Since Occupational Therapy Students in Level II Fieldwork are expected to handle the complexities of OT practice at the beginning of their rotation (Lindstrom-Hazel & West-Frasier, 2004), many OT academic programs have modified their curricula to better prepare their students to address the current demands of practice. The use of standardized patients (professionally paid actors and actresses who act out the role of a patient or client) and problem/case-based learning are effective methods to enhance students' readiness for clinical practice, including, but limited to: enhancing the students' level of confidence; ability to provide client centered care; and the ability to accept, absorb, and apply constructive feedback to improve performance (Lindstrom-Hazel & West-Frasier, 2004; May, Park, & Lee, 2009; McCannon et. al, 2004; Reeves et. al, 2004).

In response to feedback received from Fieldwork educators, students post Fieldwork, and from our Program Advisory Council, the Occupational Therapy Program at Midwestern University modified a component of its curriculum in order to better address the pedagogical needs of our adult learners and to better enhance readiness for clinical practice. More specifically, we implemented the use of standardized patients and a sequential and progressively challenging series of cases into an adult intervention course.

Methods

Both quantitative and qualitative data research methods of data collection and analysis were chosen for this study. A repeated measures design with a gain score approach (Gliner & Morgan, 2000) was used to gather quantitative data. Participants (n=37 second year OT students) completed a pre-test evaluation at the beginning of the adult intervention course and a post-test evaluation at the completion of the adult intervention class. The pre-test/post-test consisted of a 13 item questionnaire which required the students to rate both their level of comfort and level of skill on various OT related skills using a 7-point Likert scale. The qualitative data was gathered from: (1) feedback received from previous students' comments on the adult intervention course evaluation (2) feedback from the students' post Fieldwork; (3) feedback from Fieldwork educators; and (4) feedback from our Program Advisory Council.

Results

The quantitative data analysis revealed that the OT students' self-perception of their level of comfort and skill on various OT foundational, yet essential, skills significantly improved. That is, over a 9 week period of time, descriptive statistics showed the total mean percentage of change on the students' level of comfort in performing various OT related skills improved by 17.78%. Likewise, the students' self-perception of their level of skill in performing various OT related skills improved by 14.67%.

Pre-Test Mean Score		Post-Test Mean Score		Percentage of Change
Comfort	4.22 (0.49)	Comfort	5.57 (0.34)	17.78%
Skill	4.77 (0.54)	Skill	5.47 (0.37)	14.67%

...Continued on Page 8

Research Update

If you would like to be featured in a Research Update or know someone who would, please contact LaVonne St. Amand at lstama@midwestern.edu

ILOTA Legislative Update

With approximately six weeks to go in the spring 2012 session of the 97th General Assembly, the remaining weeks will be focused on the budget and developing a means of addressing the \$8+ billion in unpaid bills. Recently, Rep. Jim Sacia from Pecatonica devoted his weekly column to a description of the budget for non-budgeteers. The following is his description of the challenges facing the legislature.

The Illinois Budget. This is an effort to simplify a very complex problem involving billions of dollars.

Our annual budget this next fiscal year is approximately \$58 billion - of that amount, you the taxpayers are expected to send us \$33 billion 719 million in tax dollars. The difference between those two numbers is money we receive as reimbursement from the federal government and some other sources. It is predominately motor fuel tax that is specifically designated for such things as roads and bridges. It is tax money that you pay each time you pull up to the pump and put gas in your car. It is not part of what we call GRF or General Revenue Fund.

Of the \$33,719,000,000 GRF that you will send us, here is the breakdown of how it will be spent. First and foremost is non discretionary spending. These are obligations that must be made:

Number 1 - Our pension obligation is \$5.1 billion (this is the state's portion of the pension expense not including the employee contributions).

Number 2 - Statutory transfer out money equaling \$2.1 billion. This is money that we have collected and we owe a percentage back to local governments such as sales tax revenues.

Number 3 - Our group insurance obligation totaling \$1.2 billion. This is the state's portion of the state workers' insurance programs not including the employee contributions.

Number 4 - Our debt services or our obligation for money we have borrowed, both principle and interest, totaling approximately \$2.2 billion.

Number 5 - Medicaid. You the taxpayer are on the hook for \$6 billion 638 million. (Our total Medicaid obligation this year is approximately \$15 billion including federal reimbursements). Yes, you are right - tax payers are on the hook for all of it.

The above five "must be made" expenditures total approximately \$17.2 billion. There is another \$219 million in non discretionary expenditures bringing the total to \$17.419 billion.

If you do the math that leaves \$16,300,000,000 for the five appropriations committees to divide which is close to \$1 billion less than available funds last year.

If your eyes haven't yet glazed over here is how it allocates out. Elementary and Secondary Education

Maureen Mulhall



Appropriations receive 39.8 % of funding totaling \$6 billion 491 million, a cut of \$363 million. Higher Education receives 12.1% totaling \$1.978 billion, a cut of \$110 million. General Services receives 7.1% or \$1 billion 165 million dollars, a cut of 65 million. Human Services appropriations (Medicaid removed) receives 31.2% of funding totaling \$5 billion 87 million, a cut of 284 million dollars. Public Safety appropriations receives 9.7% of funding or \$1 billion 576 million, a cut of \$88 million.

There will not be a happy agency in Illinois government but this is where the rubber meets the road.

One surprise in the allocation resolution for FY 2013 was the inclusion of Medicaid (\$6.6 billion) to the fixed cost list. The \$6.6 billion represents the funding level recommended by the Governor ... including his proposed \$2.7 billion cut. The allocation resolution states that if the legislature can't find the \$2.7 billion to cut, then funding for other areas will be cut to reach the needed level, which guarantees that many unpopular decisions loom.

A second surprise was the acknowledgment that the state needs to pay down some of the \$8 billion in unpaid bills that have been mounting. In a Senate Appropriations Committee hearing Department of Healthcare and Family Services Director Julie Hamos warned members that if the Medicaid cuts are not made the billing payment cycle next fiscal year would balloon to 300 days. In response, not only has the legislature indicated that the Medicaid cuts are a "must" but they have also allocated resources to bring down the level of unpaid bills. The allocation resolution provides \$300 million to reduce the non-Medicaid bill backlog. It also directs \$500 million for the Medicaid backlog, which becomes \$1 billion with federal matching funds added, making the total directed to old bills \$1.3 billion.

Budget cutting isn't the only option to address the budget challenges. The Governor and the legislature will consider a whole host of revenue enhancement options, each with their own special interest group poised to argue against such "enhancements", otherwise known as taxes. In his budget message, Governor Quinn suggested closing the corporate tax loophole on offshore oil drilling as one source of possible new state revenue. Illinois would gain approximately \$75 million is this change were enacted.

There has also been discussion of eliminating or reducing

...Continued on Page 12



Research Update: Adult Learning & OT Practice *(continued from page 6)*

Even more noteworthy, analysis of the pre-test and post-test data revealed that scores of 6's and 7's went from 19.04% to 60.87% for "comfort" and 17.92% to 63.94% for "skill." Conversely, scores of 1's and 2's went from 7.89% to 0.00% for "comfort" and from 5.91% to 0.00% for "skill."

	Percentage of 6's & 7's		Percentage of 1's & 2's	
	Pre-Test	Post-Test	Pre-Test	Post-Test
Comfort	19.04%	60.87%	7.89%	0.00%
Skill	17.92%	63.94%	5.91%	0.00%

The qualitative analysis revealed themes which showed a positive and favorable response to the instructional methods and perceived outcomes of the course. In general, students reported that the case-based format, the use of standardized patients, the active learning process, and the opportunity to problem solve "in the moment," were instrumental in increasing their perceived levels of confidence and skills. The statements below represent some of the common themes regarding the students' feedback related to this learning opportunity:

- I feel that the standardized patient we worked with in our adult practice was by far the most beneficial experience of our didactic education. It gave us the chance to process our knowledge on the spot, which I believe can only be learned through practice.
- The adult practice course has definitely been beneficial to my problem solving and clinical reasoning skills. The "hands on" experiences and the individualized feedback greatly enhanced my clinical skills.

Discussion

Initial interest and exploration of this topic began when we noted that student comments from previous years repeated common themes. Students had difficulty thinking and responding "in the moment", struggling with hands-on OT applications, and quickly adjusting to the pace of acute care and intensive care environments. Moreover, fieldwork sites indicated that they have limited time to re-teach basic skills; rather they expect students to come with foundational skills, knowledge and experience. The reality is the demands of current practice involve many challenges related to time constraints, productivity, and a myriad of other factors.

We have learned through surveys and discussion groups that expectations of student performance varies greatly and is impacted by the fieldwork site, individual fieldwork educator's perception of entry level competency, each student's individual abilities and how they perceive, learn, and

respond to the expectations of the site, fieldwork educator, clients and stakeholders.

Our findings demonstrate that increasing the preparation of students through a sequential and progressively challenging series of client cases, use of evidence to guide clinical decision-making, and applying the OT process made a positive difference in the students' self perception of their level of confidence and skill and their ability to respond to the demands of the practice setting.

Interpretation & Implications

The outcomes from the Adult Practice course verify the continued use of adult learning approaches, case-based teaching strategies, and standardized patients to enhance students' clinical reasoning, confidence and competence in their knowledge and skills required for current practice. Academic programs need to be responsive to the dynamic and complex requirements of current practice and continue to investigate instructional methods to best prepare students for today's ever-evolving healthcare environment.

If you would like to comment or offer your opinion of student expectations and/or readiness for clinical practice, please respond to lstama@midwestern.edu. •

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Steven W. Lesht

Home Health Therapist with Alexian Brothers Health System

Chicago Conference, various Professional Advisory Boards for area OT curriculum's and volunteer for Schaumburg Township Disabled Services.

In my semi-retirement years, I have left administration and management for Home Health.

While working for a health care system that provides state of the art Healthcare (as Home Health Staff we are working with people to keep them safe in their homes following their recent illnesses and the challenges they experience being homebound and the need to be safe as well as independent in their home environment), our mutual goal with all of the patients is to prevent re-hospitalization.

A most rewarding aspect is to see people adapt to their challenges and be able to resume their functional abilities and their activities. In the home health setting, it often means not only teaching the patient but also their family and caregivers. As OT's working with people who often must be self sustaining in their home, when working with meal preparation, we must also incorporate food, nutrition and their specific diets and adapting their bedrooms and bathrooms for safe transfers. I recently worked with a stroke patient that had difficulty transferring and was home alone all day. In teaching him transfers, and his ability to prepare his lunch, grooming, hygiene, etc, his balance had to improve. As an avid golfer, he missed his golf. His treatment plan included balance activities focused on golf putting in his home during therapy with supervision which enabled him to gain the skills he needed for his independence in his ADL's.

To remain a strong and important service in the future, OT's need to continue to educate patients, families, and the medical staff on their value and worth in patient care. While this has always been the case I have observed in my career, it is essential due to the variety of expanded areas that Occupational Therapists practice in. It is also strategic that OTs be concise in our treatment provided and focus on occupational based outcomes that are significant to address the specific needs of our patients regardless of the clinical setting. •

I have been very proud to have been an OT, husband, father and grandfather.

Illinois has a great network of OT's/ COTA's that are excellent in their work and commitment to our profession.

In High School, I had an uncle that I was close to, that suffered a stroke at the age of 48. I followed his Rehabilitation and his challenges and struggles and that is where I first learned about Occupational Therapy. In my early exploration of the profession in the late 60's and early 70's, most Occupational Therapy was in Rehabilitation, Med Surgery and Mental Health. When my uncle had his stroke, he was hospitalized and in Rehab for 4 months. Also, when I was at Mercy most stroke patients were on Rehab for 2-3 months, paraplegics for 3-4 months and quadriplegics' for 6 months. This is far different from utilization in the 21st century.

I Graduated December 1974-University Of Illinois- In the early 70's-the curriculum required students to complete 3 years in Champaign Illinois and then 16 months at the Chicago Medical Center. I spent an extra year in Champaign because I had met my future wife and did not want to leave the campus-still have not told my folks-but at \$500.00 a year for tuition -I felt it was worth the investment.

I began working in January 1975 as a staff therapist at Mercy Hospital, I have had a great career as an OT working in Med/Surgery and Rehab at Mercy, Home Health, Durable Medical Equipment (Seating and Positioning) and Administration and Management with a Private Practice Staffing and Management Company here in Illinois.

I have been involved with Professional Service Organizations including Past Treasurer IOTA, 1996 Conference Committee for AOTA

Clinical Spotlight

If you would like to be featured in the Clinical Spotlight or know someone who would, please contact Carrie Nutter at codycheq@aol.com

Fieldwork Experience at the Chicago Lighthouse

Matthew Clinger, MOT Student
Rush University
Class of 2012

Student Voice

For most people, vision functions as the dominant of our five senses, orienting us to our environment and shaping our interactions. Vision grants us protection, molds our behaviors, and helps to define how we as individuals experience the world. For people with vision impairments, living an independent life or completing daily tasks can be a constant struggle. Even the most routine tasks, like dressing or preparing a simple meal, may present as challenging. Vision impairments have the potential to affect multiple aspects of an individual's life, including ADL and IADL, work, and leisure activities. Prior to my Level I experience at the Chicago Lighthouse for People Who Are Blind or Visually Impaired, my understanding of low vision rehabilitation services was limited.

services include home adaptations and information on community resources and support groups.

During my placement at the Chicago Lighthouse, I had the opportunity to interact with clients in both the clinic and their homes. Although I had observed occupational therapy in outpatient and inpatient settings previously, I had difficulties distinguishing between purposeful and occupation-based interventions. Was there actually a difference? And did it matter, as long as the interventions were client-centered and person-specific? It was only after I began observing clients within their homes that I was fully able to comprehend the value of occupation and understand the power underlying occupation-based interventions.



CCTVs (Closed-Circuit Televisions) are electronic magnifiers that are available in a variety of shapes and sizes. These devices make continuous reading, spot reading, and writing possible by resizing images and enhancing contrast.

Located within the Illinois Medical District, the Chicago Lighthouse is a not-for-profit agency that provides educational, vocational, and rehabilitation services to persons living with vision impairments. Macular degeneration, cataracts, glaucoma, and diabetic retinopathy were among the pathologies yielding functional deficits I observed while at the Chicago Lighthouse. Outpatient occupational therapy interventions included home and clinic-based services. At the Chicago Lighthouse, occupational therapists are available to conduct evaluations, perform home assessments, and provide training in the use of optical and non-optical aids. Additional

Many of the functional deficits identified by clients include everyday tasks I perform absentmindedly, like reading a newspaper and operating an oven. Interventions to facilitate productive aging amongst individuals with low vision incorporate education and training of optical and non-optical devices. Optical devices dispersed to clients include hand-held and stand magnifiers, telescopes, microscope prism glasses, and electronic magnification devices, such as Closed-Circuit Televisions (CCTVs). Non-optical aides include lighting and contrast enhancements, organization strategies, and sensory substitution, such as tactile markers and auditory devices. Although each client presented with unique functional deficits, many benefited from a combination of optical and non-optical solutions. As reading, needlepoint, and baking are occupations dear to my own heart, it's no surprise that working with the following clients helped to shape my understanding of occupation's instrumental role in low vision rehabilitation.

Prior to observing my first home evaluation, I wasn't sure I believed in love at first sight. This was quickly realized upon entering our client's home, as my fieldwork educator and I were greeted by a friendly feline and walls lined with cross-stitch canvases. Although our client identified herself as healthy and contented in her older age, severe visual impairment, secondary to age-related macu-

...Continued on Page 11

Student Voice

If you would like to be featured in Student Voice or know someone who would, please contact LaVonne St. Amand at lstama@midwestern.edu

Student Voice: Low Vision *(continued from page 10)*

lar degeneration, had suppressed her passion: the ability to read for pleasure. Following her initial evaluation, a variety of optical and non-optical strategies were incorporated to increase her independence within her home. Our client was receptive to our suggestions and during our first visit, was educated on environmental adaptations, like task lighting, and compensatory techniques, including changing body positions to avoid glare. It was during her follow-up visit nearly a week later, when our client was moved to tears, that I truly began to understand the value of occupation. In addition to non-optical aides, this client was trained on using a portable CCTV, an electronic magnifier capable of enlarging images and altering contrast. Through magnification, adjustments to contrast, and device training, the world of printed text was no longer an intangible memory, but a concrete reality.

Another memorable client presented with similar visual impairments, yet differing functional limitations. The self-proclaimed “Cookie Lady” was less interested in continuous reading; instead, goals for Mrs. Cookie focused upon operating kitchen appliances within her home and preserving her valued baking recipes. Although corrective lenses and magnification tools proved futile, adapted kitchen equipment

and audio devices were a success. Information on big number measuring spoons, tactile kitchen timers, and liquid-level indicators was provided. Mrs. Cookie once again became skillful at operating her oven and microwave with the strategic placement of bump dots. Education regarding audio devices further promoted independence within her kitchen, enabling Mrs. Cookie to record her recipes in audio format and recall them at will, despite limitations secondary to low vision.

Although my Level I experience at the Chicago Lighthouse was brief, its impact on my future as an occupational therapy practitioner has been indelible. Experiences provided by my fieldwork educator have established a foundation for understanding occupation and a framework for delivering holistic, client-centered care. Education on compensatory techniques, environmental adaptations, and optical and non-optical devices provide individuals living with low vision the opportunity to lead productive, meaningful lives. Interventions employed by occupational therapists have the potential to promote safety, foster independence, and maximize the quality of life amongst individuals living with low vision. •

Dementia Capable Care:

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Over 5,000 professionals, including many occupational therapists and COTAs, have attended this course and learned advanced evaluation and treatment skills, effective treatment planning, how to document and code for maximum reimbursement, and more. Day One establishes a framework for promoting best abilities. Day Two focuses on application of new skills.



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Chicago (Oak Brook), IL • August 28–30

DS162

To register, visit crisisprevention.com/dcs or call 877.816.4524.

ILOTA Legislative Update *(continued from page 7)*

the retailer's sales tax discount which costs \$100 million annually. The retailer's discount was originally intended to provide retailers with a stipend for the paperwork necessary to track sales taxes and send the funds to the state. In the electronic age that paperwork is now minimal so there is a move afoot to make a change.

During the last few weeks advocacy groups who fear that their constituencies will bear the brunt of the budget axe have created a menu of other possible tax/revenue sources that could lessen the pressure for severe cuts. Some actually might be possible while other stand little chance.

Both the offshore loophole closure and retailer's discount have a legitimate shot at being enacted. Increasing the cigarette tax (\$300 million gain) has about a 50/50 chance, as does a reinstating of fund sweeps (\$300 million). While fund sweeps have been an easy out of budget problems in the past, inevitably some constituent group suffers. Historically, funds that support the operation of the

Department of Financial and Professional Regulation have been a convenient target for fund sweeps. Unfortunately this has resulted in the underfunding of DPR which has resulted in delays in the issuance of licenses and insufficient personnel to conduct investigations. Other ideas include utilizing revenue from the road fund for the Secretary of State and State Police (\$250 million) operations, which has a 40% chance as does reducing statutory transfer by 9% (\$200 million).

New revenue advocates have also placed broadening the state sales tax to include selected consumer services on their list. Illinois has a very narrow sales tax base, as compared to a number of other states. Broadening that base slightly could result in new revenues of \$550 million or more. But it's been discussed many times before but never enacted. In the face of redistricting elections, no tax pledges, and out cry by those service providers impacted it has zero chance. •

Vision and Participation in Daily Life *(continued from page 1)*

they want to go to the grocery store, visit friends or run daily errands. This change in independence from vision loss can have a significant psychosocial impact. "While depression is not an inevitable consequence of vision impairment, it is common. An estimated one-third of older adults with vision loss report clinically significant depressive symptoms (Reinhardt, J. 2012)."

A great deal of social interaction relies on vision. We gain a great deal of information about our environment and people around from social cues through facial expressions and hand gestures. Also, often people share memories and exciting events through pictures or videos. Safety is also jeopardized when someone experiences visual changes. Ability to avoid obstacles, and evaluate potential hazards are altered. Everyday environments such as one's home or community can become a high fall risk situation. Additionally, a great deal of our postural control and balance rely on vision. Any visual change at any point in life requires changes in routines, environment, and approaches to ADLs, and IADLs.

The Occupational Therapist plays a huge role in promoting independence and safety with self-care, homemaking activities, community mobility, and leisure involvement. For patients with glaucoma or macular degeneration, collaboration with home environment adjustments such as incorporating tactile or auditory cues may allow someone to return to cooking or cleaning activities. Also, environmental changes can reduce fall risk. Changes in the approach of daily tasks using the vision that someone has in conjunction with improving lighting or light enhancing glasses all can have a positive impact on someone's ability to participate in their

daily activities. For patients with homonymous hemianopsia, improving awareness of visual field deficits and utilization of compensatory techniques to scan the environment for visual targets or dangers are key to improving safety and ability to complete ADLs and IADLs.

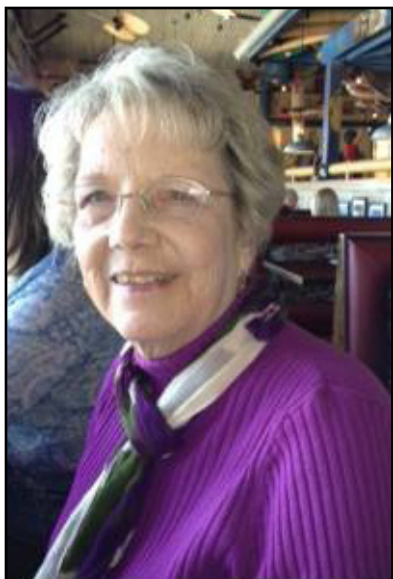
Driver rehab can also be a main focus of Occupational Therapy for low vision and patients with sudden visual changes. Providing objective information about whether patients' visual abilities allow them to continue to drive or adaptive techniques that can be incorporated are key components of promoting independence with driving. If driving is no longer an option due to vision changes, the therapist can collaborate with patients on other resources that can be utilized during community mobility. When addressing driving in the younger population who have visual loss from strokes, brain injury or additional trauma incorporation of adaptive strategies can allow patients to return to driving when appropriate.

Regardless of age or type of visual change, Occupational Therapists can have a significant impact in enabling patients to safety return to community mobility, leisure activities, driving, ADLs, and IADLs which all can have a positive impression on patients quality of life and psychosocial well being. •

Reference:

Reinhardt, J (2012) "Depression, Vision Loss and Vision Rehabilitation."
[http://www.lighthouse.org/services-and-assistance/social-services/depression-vision-loss-and-vision-rehabilitation.](http://www.lighthouse.org/services-and-assistance/social-services/depression-vision-loss-and-vision-rehabilitation)

My Professional Journey of 40 Years! *(continued from page 1)*



Phyllis Coleman

I was ready for a change and thought working with patients in their home would be the ideal. It has been rewarding to see my patients lives improve so they can function again as they did before their illness or trauma. Sometimes adaptations were necessary to accommodate returning to their previous activities but still they were able to have quality of life.

I have been blessed to work with wonderful colleagues at Alexian Brothers and feel my patients have enriched my life. I can only hope that I have been able to touch their lives in some small way and made a difference like they

all did in my life.

Occupational Therapy makes such a positive impact on people's lives. As individuals we listen and consider the entire person and their circumstances not only an isolated extremity or single injury. I encourage young therapists to be open to new adventures and explore the many avenues that are open to them as an Occupational Therapist.

Therapists need to continue to be active supporting legislation that will include Occupational Therapy for all patients in all settings. OTs should also share their talents through continuing education and seminars that will benefit other professionals. Each of us as occupational therapists should support this profession and advocate in some way to keep OT a viable and flourishing profession.

As I prepare to retire I hope that I can continue to influence people to live a healthy and productive life and that I too can maintain these values in my future. •

Phyllis, we salute you and hope your next adventure in life will be as rewarding as your professional career as an occupational therapist!!

2012 Conference News

Dates: November 8th, 9th and 10th

Location: Lisle/Naperville

Registration opens **August 2012**

As we look forward to 2012, we take time to consider the feedback we received in 2011. Our conference is only as strong as the presentations we receive and the satisfaction of our attendees. We need you to help ensure we have a successful conference again in 2012. Our members provided great feedback including a wish list of topics.

If you are interested in presenting on any of the following areas, please contact the office at office@ilota.org

- Mental health
- Geriatrics
- Acute care hospital
- Feeding for pediatrics
- Creating sensory diets for school
- Low Vision
- Brain injury
- Preparing for career transition for older therapists
- Comprehensive advocacy
- Stroke Rehabilitation
- E-stim
- CIMT Training (advanced)
- Intro to splinting
- Advanced splinting
- More research presentation
- A track for administration/leadership
- Early intervention
- Additional workshops
- Movement: dance, yoga, Pilates, etc.
- Horticulture and gardening
- Animal assisted and hippotherapy
- Creative therapy: art, music, creative writing, journals, drama, etc
- Aquatic therapy
- Therapy ball
- A comprehensive review of the role of occupational therapists in the school system vs rehabilitation or acute care.

How to Address Sexuality in Individuals with Spinal Cord Injury using the P-LI-SS-IT model

Sexuality is an integral part of human nature yet often disregarded in rehabilitative settings. It is difficult to define, as it varies from culture to culture as well as on an individual basis. Sexuality is multifaceted in nature, as it encompasses beyond what one does sexually to include many psychosocial factors.

Spinal cord injury impacts an individual's sexuality in various ways. One profound change with this injury is one's ability to function sexually. The effect of sexual response is dependent upon the site and extent of the lesion. For example, males may experience erection difficulties or the inability to ejaculate. With regard to females, it may affect genital sensation, vaginal lubrication, and the ability to achieve orgasm. Beyond physiological dysfunctions, there are other problems that complicate sexuality including bladder and bowel control, autonomic dysreflexia, altered body image, intimacy, and absence of genital sensation.

Despite societal beliefs that a person with a physical disability is an asexual being, individuals with disabilities are, in fact, interested in sexual pursuits. Sexual function is often rated as a top priority for many individuals following spinal cord injury, yet it remains an area least likely to be addressed in the person's lengthy rehabilitation process.

Both sexual activity and personal device care are defined within the occupational therapy practice framework and domain as activities of daily living, thus validating the role of occupational therapists. However, sexuality remains a topic that is often not addressed, or not thoroughly dealt with, by most health care professionals. Most commonly cited reasons for not addressing the issue is due to a lack of knowledge and comfort with the subject matter, lack of formal education in sexuality counseling, and an assumption that someone else from the health care team will address the issue.

In general, health care professionals have identified a need for more extensive training to adequately understand and manage sexuality needs of individuals with SCI. The Knowledge, Comfort, Approach and Attitudes towards Sexuality Scale was developed by Kendall and colleagues (2003) to address the training needs of professionals providing sexuality rehabilitation services. The scale is intended to be used for a multidisciplinary team to determine in which area(s) they need further education or training in order to provide adequate sexual rehabilitative services.

It is evident that there is a need to develop sexual rehabilitation services that meet the needs of the consumers. In doing so, the Permission, Limited Information, Specific Suggestion, Intensive Therapy (P-LI-SS-IT) is a basic framework developed by Annon (1976) to assist occupational therapists and other health care professionals in developing the interpersonal skills needed to approach and address such a sensitive matter.

During the first level, therapists are giving their patients permission to be sexual beings. This may include reassuring patients that others have shared similar concerns as

theirs. Additionally, it may consist of informing patients that they can continue to engage in sexual activities as they may have been doing prior to the injury. On the contrary, this level can also give the patient permission to choose not engage in any sexual activities he or she wishes (Annon, 1976).

The second level, limited information, allows for the therapist to address sexual concerns of their patient with factual information. This level is often used in conjunction with permission giving. In providing patients with factual information, it is important to present materials in different modes, such as DVDs and informational pamphlets. Occupational therapists can provide limited information regarding issues such as: fertility issues, contraception, community resources for referrals, erectile dysfunction, altered body image, and medical concerns such as autonomic dysreflexia. In addition, the uniqueness of each injury should be considered when providing information. During this level, it is important to provide the patient with only limited information as it directly relates to their need(s). In doing so, the patient is more inclined to understand and make changes to any sexual issues one may have. Additionally, providing information regarding sexual myths is provided at this level. The therapist is as knowledgeable as he or she chooses to be in providing limited information. Formal education, continuing education, and on the job training should be considered as options for therapists to expand their knowledge regarding sexuality issues (Annon, 1976).

The third level, specific suggestions, requires that the therapist obtain a sexual health history to gain specific information from their patients. This may include current problems and goals of patient. During this level, patients begin to attempt to make changes recommended by therapists. This may include occupational therapists offering specific suggestions regarding the following topics: positioning techniques, bowel and bladder management, adaptive equipment to maintain erections, alternate methods of pleasuring a partner due to limited upper extremity movements, lubrications to assist with increasing genital sensation, finding/maintaining a partner, pressure relief, and managing medical concerns. If suggestions given by therapists are not helpful, the final level, intensive therapy, should be considered. At this point, the patient is referred to a specialist to adequately address their need(s) (Annon, 1976).

In using the P-LI-SS-IT as a model, the therapist can determine how knowledgeable and comfortable they are in addressing sexual concerns of their patients. If a therapist feels uncomfortable or uneducated on any concern of their patient, it is important that the therapist refer their patient to someone else on the interdisciplinary team that can adequately address their needs. Due to the complexity of sexuality, there isn't one approach to address it. Often times, individuals with spinal cord injury prefer to connect with other peers of similar levels of injury. In doing so, the peer mentor is able to offer practical suggestions that a therapist

...Continued on Page 17

Meet the Board:

Teresa Oster-McCarty

ILOTA Director of Membership

When did you join the state association?

I joined ILOTA in 2009.

What motivated you to participate on the board?

I felt the need to connect with OT's. Currently I am the only OT where I work. Also, I have many years of experience in several different venues and thought I might be able to bring that experience to the board.

What would you like to see happen during your time in office?

I would love to see our membership grow. I would also love to see all areas of OT represented in our conferences and CEU trainings. I would like to see us offer CEUS to all areas of state.

What is your vision for the ILOTA?

My vision is still evolving; however I do see us becoming stronger in numbers. I also see us casting a wider net of opportunities to all our members.

How do you see the role of the members who are not officials?

I think each OT is important to our overall success as an association. Our system is set up so that anyone can contribute in many ways to the association.

What do you think each of us could do to increase membership and participation?

I think we each could invite five OT's who are not members to join the association. I think it would be great if each OT would consider attending one quarterly board meeting during the year. This would let you know what is going on and how we operate; at the same time, you might see where you could contribute.

Is there anything else you believe should be a future focus of ILOTA?

I am truly amazed at what our volunteer board does accomplish. I think we should keep our eyes and ears open to all possibilities to support growth of our associations and understanding of what OT's can bring to our state. •

ILOTA MEMBERSHIP APPLICATION



Please return membership form to:

Illinois Occupational Therapy Association, Inc.
P.O. Box 4520
Lisle, IL 60532
E-Mail: Office@ilota.org
Fax: (866) 459-4099
Questions? Call us at: (708) 452-7640

MEMBER OF AOTA?

Yes No

AOTA #: _____

Expiration Date: _____

FULL NAME & TITLE:

CURRENT ILOTA MEMBER (CIRCLE ONE) YES NO
ILOTA MEMBERSHIP NUMBER IF APPLICABLE: _____

Last Name: _____ First: _____ Initial: _____ Maiden: _____

Title: _____

Home Address: _____ Street: _____ Apt. /Suite: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

EMPLOYER/SCHOOL NAME: (PLEASE PRINT)

Address: _____ Street: _____ Apt. /Suite: _____ City: _____

State: _____ Zip: _____

Work Phone: _____ Work Fax: _____

Work Email: _____

PREFERRED MAILING ADDRESS: HOME WORK

Special Contact Instructions: _____

Please check Yes or No for the following:

- Yes** **No** I permit ILOTA to share my email address with other ILOTA members.
- Yes** **No** I permit use of my name in the membership directory.

**CURRENT AREA OF PRACTICE AND SPECIAL INTEREST SECTION:
(CHECK ALL THE APPLY)**

- | | |
|-----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Work Programs |
| <input type="checkbox"/> Education | |
| <input type="checkbox"/> Gerontology | Pediatrics: |
| <input type="checkbox"/> Home Health | <input type="checkbox"/> Clinical/Out-Patient |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Schools |
| <input type="checkbox"/> Other: _____ | |

I AM INTERESTED IN VOLUNTEERING FOR:

- | | | |
|--------------------------------------|-----------------------------------------|----------------------------------------|
| <input type="checkbox"/> Membership | <input type="checkbox"/> General | <input type="checkbox"/> Hold Office |
| <input type="checkbox"/> My District | <input type="checkbox"/> Licensure | <input type="checkbox"/> Conference |
| <input type="checkbox"/> By-Laws | <input type="checkbox"/> Continuing Ed | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Communiqué | <input type="checkbox"/> Public Affairs | <input type="checkbox"/> Reimbursement |
| <input type="checkbox"/> Archives | <input type="checkbox"/> Legislative | |

DUES:

AOTA MEMBER:	NON AOTA MEMBER
<input type="checkbox"/> OT: \$70.00	<input type="checkbox"/> OT: \$75.00
<input type="checkbox"/> OTA: \$50.00	<input type="checkbox"/> OTA: \$55.00
<input type="checkbox"/> Student: \$20.00	<input type="checkbox"/> Student: \$25.00

School: _____

65+ / Retired / Disability

OT: \$30.00 OTA: \$30.00

Associate Member

\$75.00

Corporate Member

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\$75.00

Total Dues: \$ _____

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State: _____ Member # _____ Exp: _____

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CONTRIBUTIONS

ILOTA Research Fund: \$ _____

ILOTA Scholarship Fund: \$ _____

ILOTPAC (Political Action): \$ _____

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Total-Dues/Contributions: \$ _____

Check/Money Order #: _____

Visa MasterCard

Credit Card #: _____

Expiration Date: _____

Signature: _____

Sexuality and Spinal Cord Injury *(continued from page 14)*

might not know of due to not experiencing the injury themselves. It is also important to consider future needs regarding sexuality. Very often consumers are not aware of all their challenges and aspects of sexual adjustments until after they have been discharged. Therefore, continuous peer support and up to date resources should be provided to the patient.

Sexuality remains a taboo topic in rehabilitative settings and it continues to be a top rehabilitation concern of many individuals with spinal cord injuries. As occupational therapists, we treat our patients holistically, not as a diagnosis but rather as person. We strive to assist our patients in regaining independence in all facets of life. Therefore, it is essential to address sexuality with all of our patients, regardless of their diagnosis, to ensure that any concerns they may have are addressed adequately throughout their rehabilitation. •

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About the Author

Marissa Dastice is an innovative practitioner at Marianjoy Rehabilitation Hospital in Wheaton, Illinois, with experience working with adults with diverse rehabilitation needs, including those with spinal cord injuries. Ms. Dastice has conducted research on the incongruence between client and practitioner perceptions of the adequacy of addressing sexuality as an ADL. Additionally, she has developed a well-researched and comprehensive program to enhance the comfort, knowledge, and overall competency of OT's in providing care related to sexuality and sexual behavior. She has presented at the national level and is known for her attention to this topic.

Submit Articles to the Communique

We want your articles!

Each issue of the Communique seeks to highlight areas of Occupational Therapy Practice. We appreciate our readers' wide-ranging experiences. Each issue features a different theme:

Jan/ Feb/March: Education and Research

April/May: Gerontology, Home Health, and Low Vision

June/July: Pediatrics and Assistive Technologies

Aug/Sept: Physical Disabilities, Hand Therapy, Driving Rehabilitation

Oct/Nov/Dec: Mental Health and Work Hardening

Do you have an article that does not fit the themes already listed? **Send it.** We welcome articles from diverse and novel perspectives.

Article Guidelines:

- Articles should contain title, introduction, body, summary, and references when appropriate.
- Theme articles might include photos and/or graphics.
- Articles should be approximately 300-1000 words.
- Authors are requested to submit a professional biography, maximum 35 words.
- Passport type photos are recommended for author photo.
- All work should be original work. If work submitted is not original, one must have written permission from the original author to place specific item in Communique publication. Please use quotes when quoting others and give credit to original authors.
- Please give credit to individuals who collaborated to complete article (e.g.- those helping with research, providing background information, helping write article, etc.).
- For the next issue, articles should be submitted by **June 15!**

SUBMIT ARTICLES TO: codycheq@aol.com

The Communique editorial committee reserves the right to edit any material submitted.