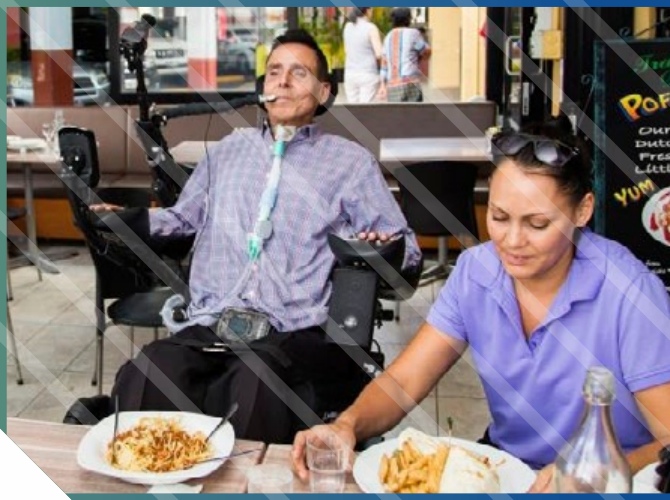


ATQ

Using assistive technology to participATe

Assistive Technology Queensland
Conference and Exhibition 2017

Royal International Convention Centre
Conference 9-10 November

Convened by the Medical Aids Subsidy Scheme
Queensland Health

See It Live
Stage Sponsor

INVACARE
Yes, you can.

Handbook

Queensland Government

INVACARE
Yes, you can.

LiNX

www.invacare.com.au
1800 460 460

A REVOLUTION IN COMPLEX REHAB

TDX® SP2 AND LiNX

NEW PRODUCT ALERT:
VISIT INVACARE AT STAND 6 TO FIND OUT MORE

ATQ
Using assistive technology to participATe
Assistive Technology Queensland Conference and Exhibition 2017

CONTENTS

WELCOME

...from the Conference Co-Convenors

On behalf of the conference committee, we would like to extend a very warm welcome to all attendees – people with disabilities, allied health professionals, researchers, suppliers and students. We very much appreciate having your support for this event, particularly to people who have travelled long distances to be here.

The Medical Aids Subsidy Scheme (MASS) is proud to host The Assistive Technology Conference and Exhibition, 8-10 November, 2017. MASS has a long history of providing education webinars, workshops, expos and symposia. This conference is our biggest and most inclusive, with more people with disability presenting and attending than any previous event. We have a range of government departments, non-government agencies, suppliers and product experts who have contributed to bring you this unique event. It encompasses an extensive exhibition and wide range of presentations covering mobility, daily living, continence, recreation, computer access, environmental control, seating/positioning and communication, with further discussions of best practice and policy related to assistive technology provision.

As one of the biggest social reforms in the disability sector unfolds, MASS would like to acknowledge Dr Lloyd Walker, Director of Assistive Technology at the National Disability Insurance Agency (NDIA), who will share his knowledge and the vision of NDIA moving forward from this time, assisting relevant stakeholders to transition to the scheme.

Using AT to participATe is the over-arching theme for the conference, which embraces the objective of AT users fulfilling their life roles and enhancing well-being through the use of a broad range of equipment and technologies. The conference program provides a platform for people with disability to showcase their achievements as well as highlight challenges and barriers to using assistive technology. We eagerly anticipate hearing the life journeys of our outstanding keynote speakers.

The AT community of users and their facilitators across Australia is a strong one. We very much look forward to engaging with all members. As some questions pertaining to AT are answered, inevitably, other questions will be formulated. We hope that the conference will be a source of inspiration, a time of reflection and a springboard for your future participation in AT.

Stephen Hales and **Bridget Manning**
Conference Co-Convenors

ATQ Conference Committee

Bridget Manning
Speech Pathologist, Co-Convenor

Stephen Hales
Occupational Therapist, Co-Convenor

Susan Robison
Occupational Therapist

Sharon Clark
Occupational Therapist

Sally Redman
Occupational Therapist

Helena Horton
Rehabilitation Engineer

Lynette Gambling
Registered Nurse

Veronica Case
Physiotherapist

EVENT AND VENUE INFORMATION

Conference Venue

Royal International Convention Centre (Royal ICC)
Brisbane Showgrounds
600 Gregory Terrace
Bowen Hills QLD 4006
T + 61 7 3253 3900
www.brisbaneshowgrounds.com.au/event-types/conference/

Event Contact during the Conference

While the conference is in progress a number of MASS staff involved in running the event will be able to receive messages from MASS Equipment Services, the main phone contact for any messages. Please phone **07 3136 3524**, or call **1300 443 570**.

Transport and Parking

Arriving by car, van or other privately owned vehicle:

Car parking is available at the Brisbane Showgrounds for a fee of $13 per day (payable by cash or EFTPOS upon entry) with entry points at Gregory Terrace and O'Connell Terrace.

Free parking is available only to people with a disability who register to attend the exhibition only, or who register to attend the full conference program and exhibition.

The car park under Royal ICC that is accessed off Gregory Terrace has a boom gate and is available to the general public. MASS will reserve free car parking for people with disability who register to attend the event, however, only a limited number of car parks can be reserved in the car park under the Royal ICC. Other car parks at the Brisbane Showgrounds require some walking to get to the Royal ICC; e.g. the sideshow alley parking area that is accessed off O'Connell Terrace is a about 200 metres walk from the venue. If you find there are no car parks available under the venue, people with limited mobility can use the driveway/drop off area on Gregory Terrace just outside the venue (the "Porte Cochere"), then go and park their car in another car parking area.

Arriving by train

Arrive by train and use the Free Taxi Shuttle

Medical Aids Subsidy Scheme will run a free taxi shuttle service from Fortitude Valley Railway Station to and from the Royal ICC for both days of the event, free only to people with a disability who register to attend the exhibition only, or who register to attend the full conference program and exhibition.

Please register to use the Free Taxi Shuttle by sending an email to **ATQConference@health.qld.gov.au** or phoning us on **07 3136 3526**.

When exiting the train at Fortitude Valley:

1. Go up the lift, exit the station and make your way straight ahead through to Brunswick Street
2. Once on the footpath, turn right and the first street you will meet is Alfred St. There is a taxi rank on this corner: Look for the Black and White Cabs Maxi Taxi which will take you to Royal ICC.

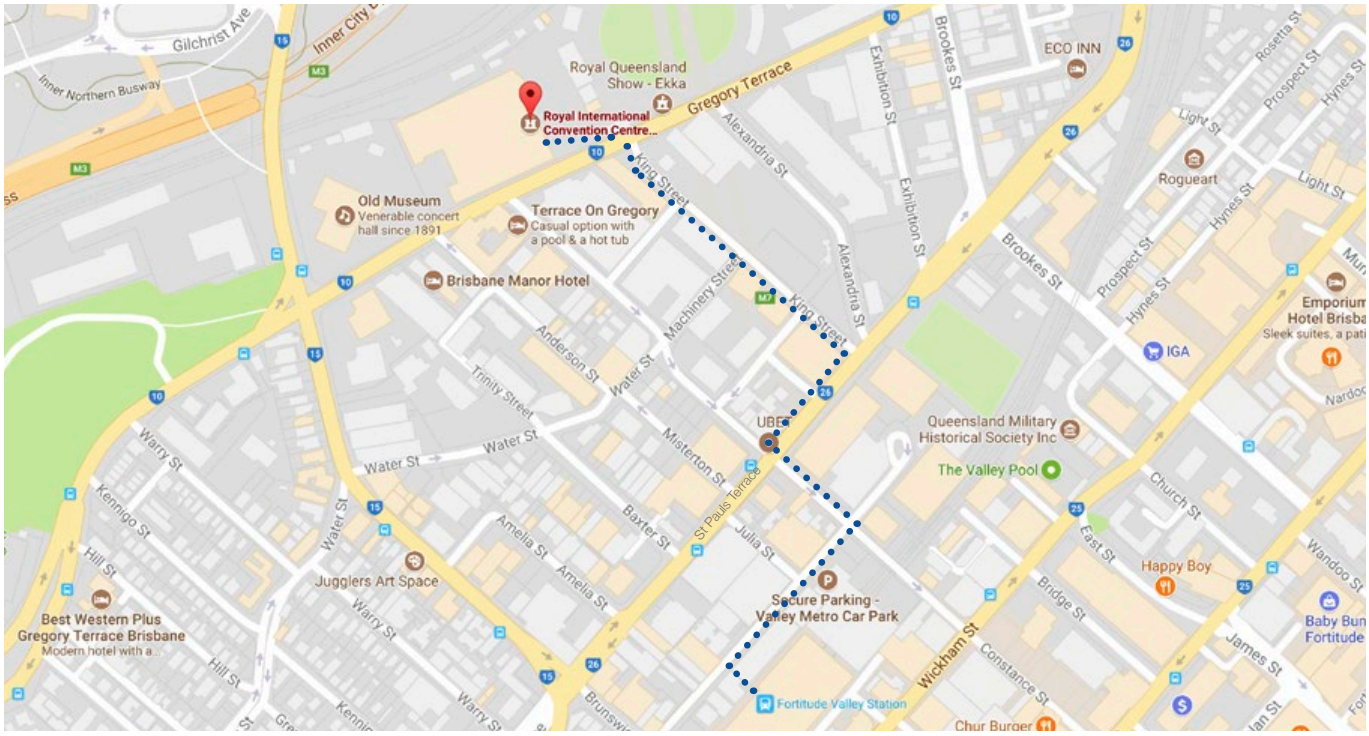
To return, wait for the Black and White Cabs Maxi Taxi at the driveway/drop off area on Gregory Terrace just outside the Royal ICC (the venue calls this the "Porte Cochere")

Arrive by train then walk to Royal ICC

It is a 700m walk to Royal ICC from Fortitude Valley Railway Station. A map is provided on page 6 to help you find the shortest and safest route.

When exiting Fortitude Valley Railway Station

1. At the ticket gate turn left to follow the arcade out into the car par. There is a fork in the path with 2 pedestrian paths through the car park out to Alfred Street; the path to the right is wider and easier to use for wheelchairs.
2. Where the car park meets Alfred Street, turn right and follow along to meet Constance Street. Cross Constance Street, then turn left and cross Alfred Street to follow the footpath on the right hand side of Constance Street till it meets St Pauls Terrace.
3. Cross St Pauls Terrace at the lights, turn right and follow the footpath along St Pauls Terrace until you meet the King Street. Turn left into King Street and follow it all the way along until you meet Gregory Terrace.
4. Cross Gregory Terrace and the building with the old brick front and modern interior in front of you is the Royal ICC; you have arrived.



Map data ©2017 Google

Arriving by bus

- It is not simple to list all bus options for this event due to the many and various areas people may be coming from. The Royal Brisbane and Women's Hospital busway is nearby and many buses stop on Bowen Bridge Road, Gregory Terrace and St Pauls Terrace.
- For further information please contact Translink on telephone **13 12 30** or visit **www.translink.com.au**

Accommodation

Rydges Fortitude Valley
601 Gregory Terrace
Bowen Hills QLD 4006
T + 61 7 3188 3000
www.rydges.com/accommodation/brisbane-qld/fortitude-valley-brisbane/

Registration desk

The conference registration desk is located at the entry doors to Halls A and C combined, which is on the concourse above the stairs/escalators/lift entry to the venue from the Plaza level. The Registration desk will be open at the following times:

Thursday 9 November	**7.30 am to 5.00 pm**
Friday 10 November	**8.00 am to 4.00 pm**

Name badges/lanyards

All delegates will receive a delegate name badge/lanyard with their registration satchel. Speakers will receive a speaker name badge/lanyard.

MASS staff and volunteers will be wearing a blue and green lanyard. If you require assistance at any time during the event, please ask someone wearing a blue and green lanyard.

Exhibition hours

The ATQ Exhibition Hall is located in Halls A and C combined. The exhibition will be open at the times listed below:

Thursday 9 November	**9.00 am to 5.00pm** *(conference delegates and exhibitors are invited to stay on through to 7.00 pm for the social function being held in the exhibition hall)*
Friday 10 November	**9.00 am to 2.00pm**

Accessible toilets

Wheelchair accessible toilets are located on the concourse near the registration desk and the area between the exhibition hall and meeting rooms (see the Exhibition Floor Plan on page 16 for more detail). An infant change table is located in these rooms – see below for access to adult size change facilities that will be provided in Room 3.

Accessible change room

An adult size accessible change room is provided in Room 3. Facilities include:

- 2 x hoists, one with pivot yoke and pivot slings in all sizes, the other with a standard yoke/spreader bar with general purpose head support slings in all sizes.
- 1 x height adjustable bed with folding bed rails
- 1 x height adjustable change table
- 2 x sanitary bins

Catering

Three catering stations will operate in the ATQ Exhibition Hall over both days of the event.

Thursday 9 November

Arrival Tea and Coffee	8.20 am – 8.50 am
Morning Tea	10.15 am – 10.45 am
Lunch	12.30 pm – 1.30 pm
Afternoon Tea	3.15 pm – 3.45 pm

Friday 10 November

Arrival Tea and Coffee	8.30 am – 9.00 am
Morning Tea	10.45 am – 11.25 am
Lunch	12.55 pm – 2.10 pm

Dietary requirements

Special dietary requirements, including gluten free, vegan, vegetarian and lactose free will provided from designated tables at the catering stations in the ATQ Exhibition Hall. People who have nominated as lactose free will find lactose free milk alternatives available at tea/coffee stations.

Complimentary WIFI

RICC-GUEST is a shared complimentary wireless service available within the Royal ICC providing a maximum width of 20mb/s. The actual bandwidth will be influenced by the number and density of concurrent users.

User Name: wifi
No password

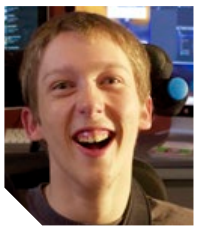
Speakers' preparation room

The Speakers' Preparation Room is located in the Green Room, next to Room 1 on the concourse at Royal ICC. All presenters should upload their presentations at least one hour prior to their presentation. Presentations must be brought on USB or CD.

Conference networking function

All delegates and exhibitors attending on Thursday 9 November are invited to stay on for drinks and canapes in the ATQ Exhibition Hall. Please join us for this not to be missed networking function commencing at 5.30 pm, finishing at 7.00 pm. Some of the best connections happen at these times when people are more relaxed and do not have to rush off to the next conference presentation.

KEYNOTE SPEAKERS




Christopher and Garry Hills

Christopher is a video editor, and owner of Switched-On Video Editing. He has completed jobs for clients such as Queensland Health, The Able Movement and Control Bionics in the US. Prior to starting his business, he studied Video Production with RMIT University online, and received a High Distinction. He also became an Apple Certified Pro in Final Cut Pro X.

As well as his work as an editor, Christopher is an Accessibility Ambassador and is a member of the Apple Consultants Network. He has produced a number of videos for his YouTube Channel on inclusion and how technology has an impact on his life, and has appeared and presented at various conferences.

He enjoys all things technology related, flying flight simulators, and models of earth-moving equipment.

Christopher was born with athetoid cerebral palsy and is quadriplegic.

Since 2003, Garry has been Primary Carer for his son, Christopher Hills. Garry's years as a carer, homeschooler and parent have been life-shaping. He has dedicated himself to developing the skills and attitudes needed when caring for a person with profound physical disabilities. He has developed an intimate acquaintance with all manner of assistive and inclusive technologies, especially switch access; and has become an ardent advocate for Switch Control, Apple's Accessibility feature built into all Macs and iOS devices. Garry is an Accessibility Ambassador and part of the Apple Consulting Network. He is passionate about helping parents, carers, support workers and educators to understand and make the most of Apple's inclusive technologies.

Christopher and Garry will share their experience, courage and determination in embracing assistive technology – a presentation that is sure to inspire.

Presentation Time

Hall B Plenary 'Sky's the Limit'
9.20 am Thursday 9 November

Karni Liddell

Karni Liddell's journey to become one of Australia's most successful Paralympians began a lot differently than most elite athletes, as she was born with a neuro-muscular wasting disease and her parents were told that their first-born child wouldn't walk, crawl or live past her teenage years.

Karni broke her first World Record at the age of 14 and she went on to win Paralympic medals at every Paralympics she competed at. She regards being captain of the Number 1 team at the Sydney 2000 Games as her greatest achievement.

She has raised over $1million dollars throughout her career for the various disability charities she supports.

Karni is the National Disability Insurance Scheme (NDIS) QLD Ambassador, sits on the United Nations Women's board, and is a member of Dame Quentin Bryce's Domestic and Family Violence Council. She is a radio broadcaster, a social commentator on Channel Nine's 'Chat Room' and has just been appointed the Patron of the International Day of People with a Disability.

Karni was awarded the Pride of Australia Medal. She won the Queensland Teacher and Trainer of the Year (2015) and was awarded the Alumni of the Year award for the faculty of health at the Queensland University of Technology (QUT).

Karni is an internationally acclaimed and sought after speaker. Her recent TED speech on the language we use around parenting received a standing ovation.

Presentation Time

Hall B Plenary: 'Playing the hand of cards you've been dealt' 9.45 am Thursday 9 November

Dr Lloyd Walker

Director Assistive Technology, Market & Providers Division, National Disability Insurance Agency.

Lloyd is a professional rehabilitation engineer who has been working in Assistive Technology (AT) for over 25 years. As a user of AT, he has always had an interest in improvements in technology and its application to enhance participation.

He has been actively involved in most aspects of the AT sector nationally and internationally. Lloyd joined the National Disability Insurance Agency in August 2015 and in December that year was appointed the Director Assistive Technology.

The NDIA Market & Providers Assistive Technology team is responsible for ensuring innovative, participant centred and financially sustainable AT provision is available to NDIS participants across Australia. The AT Team is responsible for traditional assistive technology, as well as home modifications and assistance animals under the NDIS.

Lloyd will be speaking about the NDIS Assistive Technology Strategy and its implementation nationally with an emphasis on Queenslanders transitioning to the scheme.

Presentation Times

Hall B Plenary: 'Planning for Assistive Technology in NDIS Participant Plans' 1.30 pm Thursday 9 November

Hall B Plenary: 'The NDIS Assistive Technology Strategy for 2018 and beyond' 10.00 am Friday 10 November

Emma Weatherley

Emma was diagnosed with facioscapulohumeral muscular dystrophy at the age of 32 and has become an active member of the FSHD community.

Emma is a CPA Qualified Accountant. With experience as an external auditor, internal auditor and then in the risk and financial compliance field, Emma is currently working as the Principal Financial Analyst in an assurance role for Queensland Rail.

Since her diagnosis of FSHD she has had to adapt her working environment to accommodate her disability. Emma is an advocate for people with a disability, sitting on the Diversity Working Group at Queensland Rail and in her private life as an Ambassador and Queensland President for the FSHD Global Research Foundation.

Emma leads a busy and active life with her husband and two daughters, aged 7 and 9 in Brisbane, being there for school pick-ups and the many activities outside school that modern families do. They make regular trips to their cattle property on the Darling Downs, another setting they have adapted to living with FSHD.

Emma describes life with FSHD as a constant juggling act, finding a balance between ability, activity and adaptation, while trying to minimise and manage pain and fatigue.

After speaking at the 2015 Sydney Chocolate Ball, Emma realised how sharing her story with others can help create awareness and understanding.

Emma brings a very warm, generous and courageous spirit to the stage. Her presentations embrace acceptance and making the most of life.

Presentation Time

Hall B Plenary: 'Doing more with less – how technology helps me achieve my many goals' 9.10 am Friday 10 November

Matthew Ames

Matthew was 39 years old when what started as a sore throat resulted in the loss of all four of his limbs. He had contracted a streptococcal infection resulting in toxic shock and was never expected to survive.

Matthew has now beaten the odds, spurred on by the fact that he is the father of four young children and husband of a very dedicated wife determined to grow old with him. He has been an invited speaker to over 20+ events, had a number of media appearances and has been awarded Australia Day Ambassador (2015), Pride of Australia Award State Winner and National Finalist, Courage category (2013) and Father of the Year Award finalist (2013).

Matthew actively works to achieve greater independence in all areas of his life. Every year he is implementing new technology at home and in the community: computer and phone access, home automation, driving and much more. He operates at the cutting edge of new technology releases, a trail breaker and exponent of what can be achieved.

Presentation Time

Hall B Plenary: 'So much to contribute, so much to do – using technology to get on with an ordinary life' 9.35 am Friday 10 November

CONFERENCE PROGRAM

Thursday 9 November 2017

7.30 am – 8.50 am	Registration desk open				
	Hall B Plenary Session				
8.50 am – 9.20 am	Conference Opening and Welcome to Country				
9.20 am – 9.45 am	**Keynote Address: Sky's the limit** Christopher and Garry Hills				
9.45 am – 10.15 am	**Keynote Address: Playing with the hand of cards you've been dealt** Karni Liddell				
10.15 am – 10.45 am	**Morning Tea in the Exhibition Hall**				
	Hall B **Best practice in AT service provision**	**Rooms 1 & 2** **AT for children and at school**	**Rooms 4 & 5** **Choosing, using and supporting communication**	**Rooms 6 & 7** **Transport in children's car seats, wheelchairs and restraints**	***See It Live* Stage** **Powered mobility and low vision AT**
10.45 am – 12.30 pm (105mins)	Advocating participation through technology - ARATA: National support for AT best practice outcomes. **Phuah, Schmidt 10.45 am** Chalk and cheese - or treading a fine line: when use of assistive technology becomes a restrictive practice. **Cullen-Erikson, Paley 11.05 am** Justifying true clinical hours in specialised wheelchair-seating procurement: validating service costs. **Schmidt 11.45 am** Skeletons in the closet: When assistive technology fails to help people participate. **Brough 12.10 pm**	You're Never too Young to 'AT': Introducing Assistive Technology to Young Children with complex needs. **Skorzewski, Pashen, Robinson 10.45 am** 'Oi, I have a Nerf Gun and I'm not afraid to use it' – An innovative and collaborative approach to assistive technology in the paediatric intensive care unit and beyond! A case study of a ventilated patient. **Dunn, Sprott, Maharaj 11.05 am** Home control with minimal movement: A case study. **Poppe 11.40 am** Sharing success: Students with disability participating in the classroom and beyond. **Dixon, Milles 12.00 pm**	Windows communication software: How do you make the choice for dedicated AAC devices and tablets? **Cullen 10.45 am** The Eyes have it; Successfully implementing eyegaze communication in a regional centre. **Lord 11.45 am**	Travelling Safely In Vehicles. **Akbarian 10.45 am** Restraining children with disabilities or medical conditions safely in motor vehicles - the laws, the standard and safety. **Teerds 11.30 am** Implementation of a best practice process for the prescription of child and disability specific vehicle restraints for the safe transport of people with disability. **Robison 11.50 am** Best practice and legislative requirements (QLD) for the safe transportation of persons with a disability, seated in a mobility device in a personal vehicle. **Clark, Win Law 12.00 pm**	Take Control, your ride, your world, your way. **Weimann 10.45 am** Powerchairs - Breaking it down. **Baker 11.15 am** Where is my drive wheel and why does it matter? **Love 11.40am** One person's journey to attain and use Smart Vision Assistive Technology. **Parry 12.15 pm**

Thursday 9 November 2017

12.30 pm – 1.30 pm	**Lunch in the Exhibition Hall**					***See It Live* Stage** 'Local impact from global innovation: Learning from the WHO Global Research, Education and Innovation in AT Summit 2017' **Layton 12.55pm**
	Hall B Plenary Session					
1.30 pm – 2.15 pm	**Keynote Address: Planning for Assistive Technology in NDIS Participant Plans** Dr Lloyd Walker, Director of Assistive Technology, National Disability Insurance Agency Free entry for people with disability, carers, exhibitors					
	Hall B **Choice, control and quality AT outcomes**	**Rooms 1 & 2** **Choices and compromises in wheelchairs and seating**	**Rooms 4 & 5** **Home automation using mainstream technology**	**Room 6** **Attaining effective communication**	**Room 7** **Integrated wheelchair controls**	***See It Live* Stage** **Pressure redistribution and seating**
2.15 pm – 3.15 pm (60mins)	Giving consumers a voice: What consumers want when selecting and using assistive technology. **de Jonge 2.15 pm** *Free entry for people with disability and carer.*	Wheelchair Solutions for Tricky Clients - When "Typical" Solutions just won't work. **Bjornson 2.15 pm**	My home, my castle, my smartphone. **Hall, Kirkman, Rodrigo 2.15 pm**	Can Talking Mats help with NDIS Planning. **Bode 2.15 pm** Complex Assistive Technology Prescription to Improve Independence in People with Brain Injury. **Cowles, Bowles 2.55 pm**	The use of technology to promote independence. **Doherty 2.15 pm**	Cushion lingo and why it matters: Immersion, Suspension, Offloading, Asymmetry, Postural Support and Stability. **Hales 2.20 pm** The advancement of Technology in the provision of Custom Seating. **Fagan 2.50 pm**
3.15 pm – 3.45 pm	**Afternoon Tea in the Exhibition Hall**					***See It Live* Stage** Help make my home accessible... Yesterday. **Maginnity 3.30pm**

Thursday 9 November 2017

	Hall B Access to wheelchair, computer, smartphone and home automation	Rooms 1 & 2 Research, service response time, safety and economics	Rooms 4 & 5 Communication options, support and access to games	Rooms 6 & 7 Better bowel management	*See It Live* Stage Positioning and pressure management
3.45 pm – 5.25 pm (100mins)	The use of technology in reducing neck muscle fatigue for chin control wheelchair users. **Riley 3.45 pm** Snapshot into how I control my world! **Dillon, Myburg 4.15 pm** Coming Home: Echo, Home and the mainstreaming of Assistive Technology. **Ysayama, Lord 4.45 pm**	The meaning of using a wheelchair or scooter. **Verdonck, Ripat, Carter 3.45pm** So many equipment choices: new, re-issue or loan, but so little time. **Knight , Williamson 4.05 pm** Refurbish and Reissue: Providing benefits for users, the environment and funders. **Massy-Westropp 4.25pm** Meeting the Standard: What you need to know to navigate the world of Standards. **Morris, Slattery, NCRE 4.45 pm** Seating Research at the RBWH Rehabilitation Engineering Centre. **Slattery, Paul 5.05pm**	Finding your voice: an overview of voice banking and message banking options. **Cullen 3.45 pm** Eyegaze with intent: The CPL approach to determining intentional communication, when using a Speech Generating Device via eyegaze. **Robinson, Pashen 4.25 pm** Accessible Fun Games with your device. **Muscat 4.45 pm**	Managing your bowels! **Matthews 3.45 pm** Neurogenic Bladder and Bowel Management. **Hudson 4.25 pm** Mitrofanoff and MACE: stomas with a difference. **Roberts 4.55 pm**	The Princess and the Pea... The Importance of Nighttime Therapeutic Positioning. **Skorzewski 3.50 pm** International Pressure Injury Prevention and Management Guidelines: An Individual's guide for choosing a support surface. **Darvall 4.20 pm** An Introduction to Independent Living Specialists and Talley Support Surfaces. **Jones 4.45 pm**
5.30 pm – 7.00 pm	**Conference Networking Function in the Exhibition Hall with drinks and canapes for exhibitors and conference delegates who have registered to attend the full conference or for Thursday 9 November.**				

Friday 10 November 2017

8.00 am – 9.00 am	Registration desk open				
	Hall B Plenary Session				
9.00 am – 9.10 am	Welcome to Day 2 of ATQ				
9.10 am – 9.35 am	**Keynote Address: Doing more with less – how technology helps me achieve my many goals** Emma Weatherley				
9.35 am – 10.00 am	**Keynote Address: So much to contribute, so much to do – using technology to get on with an ordinary life** Matthew Ames				
10.00 am – 10.45 am	**The NDIS Assistive Technology Strategy for 2018 and beyond** Dr Lloyd Walker, Director of Assistive Technology, National Disability Insurance Agency				
10.45 am – 11.25 am	**Morning Tea in the Exhibition Hall**				
	Hall B **Mobility solutions and home automation**	**Rooms 1 & 2** **Manual and power assisted mobility**	**Rooms 4 & 5** **Communication using mainstream devices**	**Rooms 6 & 7** **Service delivery, capability and choice of provider**	***See It Live* Stage** **Power wheelchairs, mattress selection and independent communication**
11.25 am – 12.55 pm (90mins)	On Ya Trike. **Lovell 11.25 am** Innovative AT for a Horse Trainer and Cattle Property Manager. **Reid 11.40 am** Utilising GPS tracking for maximising safe community participation. **Thomas 12.00 pm** Power to the People - Exploring the selection process for powered mobility devices. **Redman & Robison 12.20pm** Controlling my home: a story of a consumer's introduction to home automation. **Bulgarelli 12.35 pm**	It's not just about weight. **Maginnity 11.25 am** From 5 wheelchairs down to 1: The journey of a woman with MS to find AT to meet her needs. **Poppe 12.00 pm** Review of Add-On and Power-Assist Devices. **Baker 12.20 pm**	iPads for AAC: Exploring options and achieving communication success! **Hartmann 11.25 am**	Telerehabilitation - measuring from a distance. **Maharaj, Slattery, Fountain 11.25 am** Using clinical reasoning to prescribe assistive technology. **Leech 11.43 am** The future of training - responsibility or opportunity. **Arthur, Kuna 12.01 pm** AT - is it everyone's business? Building capability in the AT sector. **du Cann 12.19 pm** ARATA's 'Assistive Technology Practitioner Credentialing Directory website' development. **Schmidt 12.37 pm**	Take Control, your ride, your world, your way. **Weimann 11.25 am** Making Mattress Selection Easy for Good Clinical Outcomes. **Rose 12.00 pm** Beyond My Wildest Dreams - A Journey in communication. **Kelly, Jameson 12.50 pm**

Friday 10 November 2017

12.55 pm – 2.10 pm	**Lunch in the Exhibition Hall**				***See It Live* Stage** Who's cooking? Virtual reality and home cooked meals **Koplick, Beaumont 1.20 pm**
	Hall B **Seating in wheelchairs and positioning in bed**	**Rooms 1 & 2** **Seat functions for powered wheelchairs**	**Rooms 4 & 5** **Choosing electronic devices and tablets**	**Rooms 6 & 7** **Lifting and transfer, access and care at home**	***See It Live* Stage**
2.10 pm – 3.40 pm (90mins)	Addressing complex spinal deformities with a continuous postural management approach in sitting. **Santiago 2.10 pm** Problem Solving Common Trunk Support Needs. **Slattery 2.50 pm** But I Go Home at 4.30: How can I do Therapy at Night? An Exploration of a Therapeutic 24 Hour Postural Care Approach. **Skorzewski 3.10 pm**	Power Seat Functions for Function: What is Reasonable? **Love 2.10 pm**	How to Choose 'the best' Electronic Assistive Technology. **Bode, Muscat 2.10 pm**	Ceiling Hoists - Let's raise the requirements to the ceiling. **Kuna, Arthur 2.10 pm** ArjoHuntleigh Assistive Solutions. **Kipritidis 2.30 pm** Help make my home accessible... Yesterday. **Maginnity 2.55 pm**	*See It Live* Stage is closed after lunch on Day 2
	Hall B Conference Closing				
3.40 pm – 4.20 pm	**Views to the Future from ATQ – Choice, Control and Growth in the AT Sector** A panel of speakers who have attended the conference will address questions about choice and control, and growth in the AT sector projected with full roll out of the NDIS – what can the future be like for you? An unmissable plenary session for all of us considering our future in using, choosing and supporting assistive technology.				

SPONSOR AND EXHIBITORS

We have been fortunate to have the support of Invacare Australia as the official sponsor of the See It Live Stage in the ATQ Exhibition Hall. This premier sponsorship provides Invacare with the opportunity to open presentations at the See It Live Stage, with their 2 presentations listed below:

Thursday 9 November, 10.45 am – 11.15 am
Take control, your ride, your world, your way
– Benefits of touch

Friday 10 November , 11.25 am – 11.55am
Take control, your ride, your world, your way
– No two people are the same

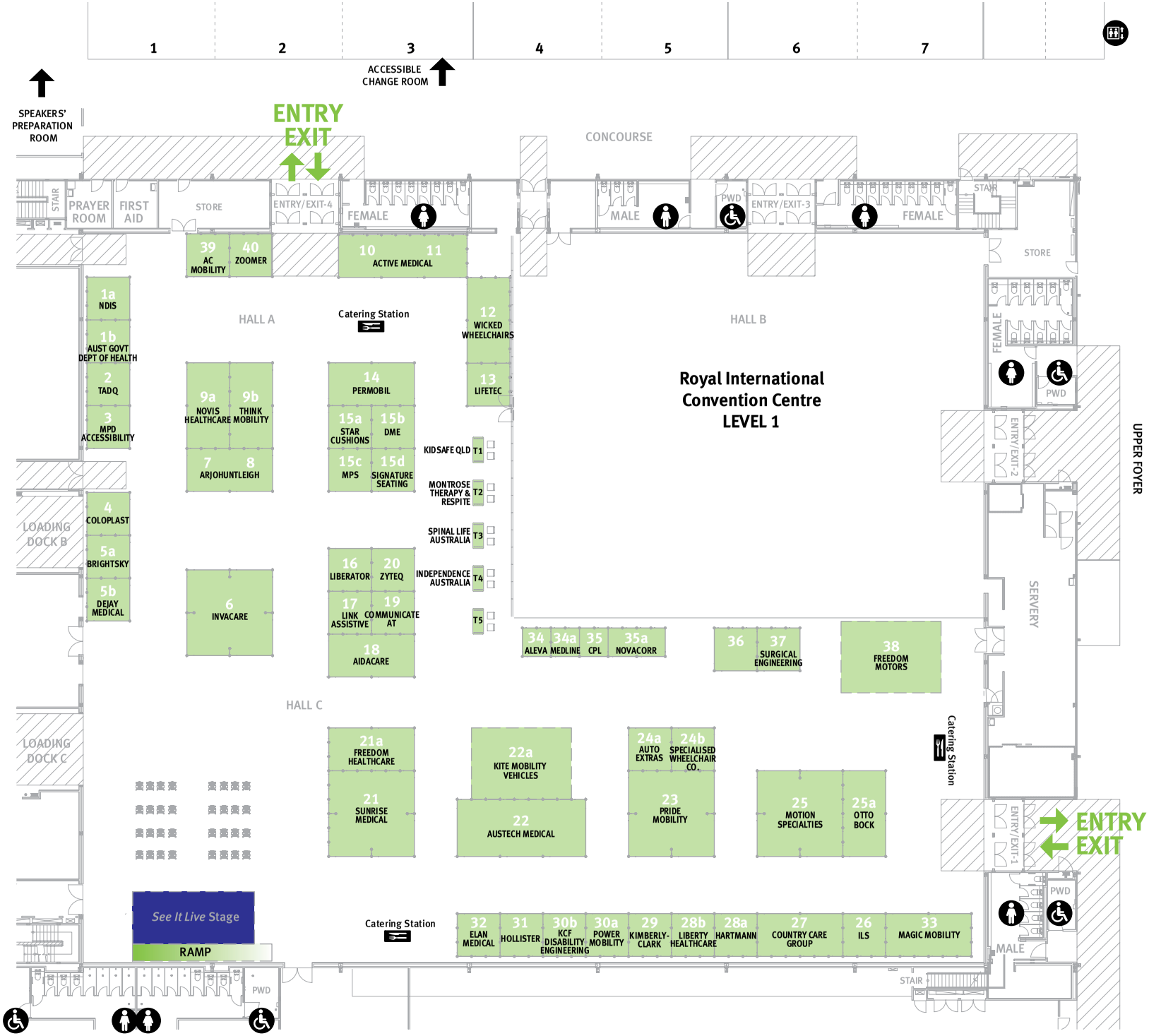
Visit Invacare at **Stand 6** to see the TDXSP2 power wheelchair with Lynx and Ultralow max powered seating with shear reduction being launched at the conference.

INVACARE
Yes, you can.

Invacare Australia
1 Lenton Place
North Rocks NSW 2151
Phone: 1800 460 460
Fax: 1800 814 367
Email: orders@invacare.com.au
Website: www.invacare.com.au

ATQ is also very fortunate to have the support of a huge number of AT suppliers and service providers joining us in the ATQ Exhibition Hall. Contact details of all exhibitors appear on pages 18 to 23.

Please use the Exhibition Floor Plan and Exhibitor List on the following pages to help you find what you are looking for in the exhibition.


1
2
3
4
5
6
7
ACCESSIBLE CHANGE ROOM
SPEAKERS' PREPARATION ROOM
ENTRY
EXIT
CONCOURSE
STAIR
PRAYER ROOM
FIRST AID
STORE
ENTRY/EXIT-4
FEMALE
MALE
PWD
ENTRY/EXIT-3
FEMALE
STAIR
STORE
39 AC MOBILITY
40 ZOOMER
10 ACTIVE MEDICAL
11
1a NDIS
1b AUST GOVT DEPT OF HEALTH
2 TADQ
3 MPD ACCESSIBILITY
HALL A
Catering Station
12 WICKED WHEELCHAIRS
13 LIFETEC
HALL B
Royal International Convention Centre LEVEL 1
FEMALE
PWD
ENTRY/EXIT-2
UPPER FOYER
9a NOVIS HEALTHCARE
9b THINK MOBILITY
7 ARJOHUNTLEIGH
8
14 PERMOBIL
15a STAR CUSHIONS
15b DME
15c MPS
15d SIGNATURE SEATING
KIDSAFE QLD T1
MONTROSE THERAPY & RESPITE T2
SPINAL LIFE AUSTRALIA T3
INDEPENDENCE AUSTRALIA T4
T5
LOADING DOCK B
4 COLOPLAST
5a BRIGHTSKY
5b DEJAY MEDICAL
6 INVACARE
16 LIBERATOR
20 ZYTEQ
17 LINK ASSISTIVE
19 COMMUNICATE AT
18 AIDACARE
34 ALEVA
34a MEDLINE
35 CPL
35a NOVACORR
36
37 SURGICAL ENGINEERING
38 FREEDOM MOTORS
SERVERY
HALL C
Catering Station
LOADING DOCK C
21a FREEDOM HEALTHCARE
21 SUNRISE MEDICAL
22a KITE MOBILITY VEHICLES
22 AUSTECH MEDICAL
24a AUTO EXTRAS
24b SPECIALISED WHEELCHAIR CO.
23 PRIDE MOBILITY
25 MOTION SPECIALTIES
25a OTTO BOCK
ENTRY
EXIT
ENTRY/EXIT-1
REGISTRATION
PWD
See It Live Stage
RAMP
Catering Station
32 ELAN MEDICAL
31 HOLLISTER
30b KCF DISABILITY ENGINEERING
30a POWER MOBILITY
29 KIMBERLY-CLARK
28b LIBERTY HEALTHCARE
28a HARTMANN
27 COUNTRY CARE GROUP
26 ILS
33 MAGIC MOBILITY
MALE
STAIR
PWD

Exhibitor List

Exhibition open:

9.00 am to 5.00 pm on Thursday 9 November
9.00 am to 2.00 pm on Friday 10 November

Y Indicates the exhibitor will have these items on display, or can provide advice, brochures and further information about these items.

S indicates the exhibitor provides services in these areas.

Booth #	Exhibitor Name	You must see at our stand!	Bath/shower transfer benches or seats or bath lifts	Beds and/or bedroom aids such as bed transfer aids	Catheters, leg bags, valves	Chairs for dining/table use or lounge/postural support	Commodes (bedside or 3 in 1 style)	Continence pads or other items to help (e.g. Skin care, anal plug, etc)	Communication using dedicated devices, tablets, software and other options	Computer access, home automation, environment control	Daily living aids (e.g. dressing aids, mealtime equipment)	Hoists and/or lifting and transfer aids, and/or walk belts	Manual wheelchairs	Power wheelchairs	Power assist add-on devices for manual wheelchairs	Pressure care cushions	Pressure care mattresses and/or mattress overlays	Positioning and/or sleep positioning	Recreational equipment (e.g. specialised tricycle/bicycle)	Shower commodes (mobile, wheeled or roll-in/tracked shower chairs)	Scooters	Seating for wheelchairs	Services (e.g. advice, driver assessment, pressure mapping, therapy, respite, volunteers)	Standing frames and/or tilt tables	Transport vehicles, car seats, restraints, portable ramps	Wheeled walkers or other walking aids	Orthotics	Prosthetics
39	AC Mobility	AC Mobility, Meyra, Gel Ovations and other products											Y	Y		Y						Y						
10/11	Active Medical Supplies	Come to the Active Medical Stand for your chance to win a Bed!		Y			Y				Y	Y				Y	Y	Y		Y								
18	Aidacare	Complex Manual & Power Wheelchairs, & Pressure Care Solutions	Y	Y		Y	Y				Y	Y	Y	Y		Y	Y	Y		Y	Y	Y				Y		
34	Aleva	High Tech Mattress Encasements		Y		Y		Y														Y						
7/8	ArjoHuntleigh	Come and see our ceiling lift system in operation!	Y	Y								Y					Y											
22	Austech Medical	High end power wheelchairs and custom wheelchairs											Y	Y	Y	Y			Y	Y	Y							
1b	Australian Gov Department of Health	Information about aged care																					Y					
24a	Auto Extras	Disability Driving Aids																							Y			
5a	BrightSky Australia	Continence, wound care, nutrition, mobility and daily living products		Y	Y			Y			Y	Y				Y	Y											
4	Coloplast	Latest in continence care, chance to win a catheter training device			Y			Y															S					
19	Communicate AT	Wheelchair Mounts for communication devices, iPads/other tech							Y	Y																		
27	Country Care Group	Euro Ausili Hybrid Pressure Care Mattress	Y	Y		Y	Y				Y						Y			Y						Y		
35	CPL (Choice, Passion, Life)	AT Trial, Assessment, Prescription, Training & Support, PODD books							Y														S					
5b	Dejay Medical & Scientific	Easystand, Meywalk, Buddy Roamer, RibCap, Special Tomato & more											Y									Y		Y		Y		
15b	Durable Medical Equipment	Promedicare Seating Range														Y		Y				Y						
32	Elan Medical	Snug Sling and Pressure Stockings	Y	Y		Y	Y				Y	Y	Y			Y				Y						Y		
21a	Freedom Healthcare	Oval tubing range	Y	Y		Y	Y					Y	Y	Y		Y								Y		Y		
38	Freedom Motors Australia	Specialised vehicle modifier																							Y			
28a	Hartmann	Molicare Skin Range						Y																				
31	Hollister Inc	Vapro & UTIQ Promotion			Y																							
T4	Independence Australia	Resources for continence, wound & skin care, aids for daily living						Y			Y					Y									Y			
26	Independent Living Specialists	Talley Fusion Hybrid Alternating Mattress		Y								Y				Y	Y											
6	Invacare	TDXSP2 power wheelchair											Y	Y		Y					Y	Y						
22a	Kite Mobility Vehicles	Choosing the right accessible vehicle																							Y			
30b	KCF Disability Engineering	Action Trackchair - the ultimate all terrain powered wheelchair										Y		Y					Y			Y			Y			
T1	Kidsafe Qld Inc	Consultation service on children's car seats and child safety matters																					S		S			
29	Kimberly-Clark	Our wide range of Depend and Poise containment pads						Y																				
16	Liberator	Improved LR7: USB charging, faster, sun readable, tough screen							Y	Y													S					
28b	Liberty Healthcare	Adjustable beds		Y																								
13	LifeTec Australia	AT Trial, assessment & prescription for all columns marked S	S			S	S		S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S		
17	Link Assistive	Eye Gaze devices and software							Y	Y																		
33	Magic Mobility	goanywhere all-terrain powerchairs												Y								Y						
34a	Medline	Total skin health solutions, continence aids for Bariatric and Youth.						Y																				
15c	Megalong Product Service	OBI Robotic Feeding Device									Y					Y	Y						S					
T2	Montrose Therapy & Respite Services	Assessment, consultation & prescription services in columns marked S	S			S	S		S	S	S	S	S	S	S	S	S	S		S	S	S		S		S		
25	Motion Specialties	Rideworks Custom Seating											Y	Y	Y	Y						Y						
3	MPD Accessibility	Home Kit - Apple's home automation hub							Y	Y																		
1a	National Disability Insurance Scheme	NDIS rollout for Queensland																					S					
35a	Novacorr	Adjustable, Huntington's & Bariatric Beds, custom tilt & lift chairs		Y		Y											Y											
9a	Novis Healthcare	ProCair Pro Dynamic Mattress		Y			Y					Y					Y			Y				Y		Y		
25a	Ottobock	Power wheelchairs for more independence											Y	Y	Y	Y						Y					Y	Y
14	Permobil Australia	ActiveReach											Y	Y	Y	Y		Y				Y						
30a	Power Mobility	X8 4 Wheel Drive Power Chair											Y	Y	Y	Y			Y	Y	Y	Y				Y		
23	Pride Mobility Products Australia	Latest Power Wheel Chair Technology												Y		Y			Y	Y	Y							
15d	Signature Seating & Mobility	Di Blasi folding tricycle											Y			Y			Y	Y		Y						
24b	Specialised Wheelchair Company	XSensor Pressure Mapping															Y	Y				Y						
T3	Spinal Life Australia	Innovative and tailored Allied Health services in columns marked S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	
15a	Star Cushions	Stabil Air & Star Mattresses Sections														Y	Y											
21	Sunrise Medical	New improved Quickie 2, J3 HV Back and industry's favourite QM710											Y	Y	Y	Y	Y			Y		Y						
37	Surgical Engineering	KIS custom manual wheelchairs, Power assist devices	Y				Y						Y		Y	Y			Y			Y		Y	Y			
2	TADQ	ControlAble, Freedom Wheels Bike, custom equipment solutions	S	S		S				S	Y		S	S					Y				S	S	S	S		
9b	Think Mobility *(previously Ability in Motion)*	Rehab and Therapy equipment aids											Y	Y	Y	Y			Y									
12	Wicked Wheelchairs	Our expert wheelchair user service and great product range											Y		Y	Y			Y			Y						
40	Zoomer	All-terrain self-balance wheelchairs- -Segway technology													Y				Y									
20	Zyteq	Communication devices							Y	Y																		

EXHIBITORS

AC Mobility
2/5 Boulder Road
Malaga WA 6090
Phone: (08) 9209 1777
Email: sales@acmobility.com.au
Website: www.acmobility.com.au

Active Medical Supplies
35 Southgate Avenue
Cannon Hill QLD 4170
Phone: 1800 267 267
Fax: (07) 3899 8825
Email: info@activemedicalsupplies.com.au
Website: www.activemedicalsupplies.com.au

Aidacare
30 Dulacca Street
Acacia Ridge QLD 4110
Phone: (07) 3086 2900
Fax: (07) 3345 7961
Email: online@aidacare.com.au
Website: www.aidacare.com.au

Aleva Performance Textiles
PO Box 410
Berry NSW 2535
Phone: 1300 253 821
Fax: (02) 9300 5010
Email: info@aleva.com.au
Website: www.aleva.com.au

ArjoHuntleigh
Unit 4, 31 Archimedes Place
Murarrie Qld 4172
Phone: 1800 072 040
Fax: 1800 009 077
Email: enquiriesau@arjohuntleigh.com
Website: www.arjohuntleigh.com.au/

Austech Medical
Unit 1/88 Lear Jet Drive
Caboolture QLD 4510
Phone: (07) 5495 8663
Fax: (07) 5495 8273
Email: info@austechmedical.com.au
Website: www.austechmedical.com

Auto Extras
39/41 Butterfield Street
Herston QLD 4006
Phone: 1800 811 626
Fax: (07) 3257 1459
Email: sales@autoextras.com.au
Website: www.autoextras.com.au

BrightSky Australia
6 Holker Street
Newington NSW 2127
Phone: 1300 88 66 01
Fax: 1300 88 66 02
Email: info@brightsky.com.au
Website: www.brightsky.com.au

Coloplast Australia
Level 4, 1 Acacia Place
Ferntree Business Park
310 Ferntree Gully Road
Notting Hill VIC 3168
Phone: 1300 720 274
Email: aucare@coloplast.com
Website: www.coloplast.com.au

Communicate AT
PO Box 462
Dee Why NSW 2099
Phone: (02) 9971 0409
Fax: (02) 9972 8379
Email: support@communicateAT.com.au
Website: www.communicateat.com.au

Country Care Group
165 Ninth Street
Mildura VIC 3500
Phone: 1800 727 382
Fax: 1800 329 382
Email: enquiries@country-care.com.au
Website: www.thecountrycaregroup.com.au

Choice Passion Life
354 Bilsen Road
Geebung QLD 4034
Phone: 1800 961 870
Email: info@cpl.org.au
Website: www.cpl.org.au

Dejay
9 Anvil Road
Seven Hills QLD 2147
Phone: 0413 076 333
Fax: (02) 9838 7869
Email: malcolm@dejay.com.au
Website: www.dejay.com.au

Durable Medical Equipment
78 Lake Cohen Drive
Kalaru NSW 2550
Phone: (02) 9674 8904
Fax: (02) 9674 8904
Email: sales@durmed.com.au
Website: www.dmedirect.com.au

Eden Healthcare Solutions
575 Olive Street
Albury NSW 2640
Phone: 1300 360 459
Fax: (02) 6041 9711
Email: info@starcushion.com.au
Website: www.starcushion.com.au

Elan Medical Supplies
112 Harburg Drive
Beenleigh QLD 4207
Phone: 1300 137 250
Fax: (07) 3807 5539
Email: corporate@elanmedical.com.au
Website: www.elanmedical.com.au

Freedom Healthcare Brisbane
88 Paramatta Road
Underwood QLD 4119
Phone: (07) 3801 3910
Fax: (07) 3801 4792
Email: info@freedomhc.net
Website: www.freedomhc.com.au

Freedom Motors Australia
Phone: 1800 672 437
Mobile: 0409 090 265
Fax: (02) 9673 4264
Email: james@vanmullekom.com
Website: www.freedommotorsaustralia.com.au

Paul Hartmann
National Support Office
Level 5, 1 Thomas Holt Drive
Macquarie Park NSW 2113
Phone: 1800 805 839
Fax: 1800 993 215
Email: info@au.hartmann.info
Website: www.hartmann.info/en-AU

Hollister Incorporated Australia
Suite 3 , Ground Floor
990 Whitehorse Road
Box Hill VIC 3128
Phone: 1800 880 851
Fax: (03) 9646 4018
Email: priority@hollister.com.au
Website: www.hollister.com.au/en-au

Independence Australia
Building 2, 1 Stanmore Road
Yatala QLD 4207
Phone: 1300 788 855
Fax: 1300 788 811
Email: customerservice@independenceaustralia.com
Website: www.independenceaustralia.com

Independent Living Specialists
1/318 Old Cleveland Road
Coorparoo QLD 4151
Phone: (07) 3046 2389
Email: coorparoo@ilsau.com.au
Email: info@ilsau.com.au
Website: www.ilsau.com.au

Invacare Australia
1 Lenton Place
North Rocks NSW 2151
Phone: 1800 460 460
Fax: 1800 814 367
Email: orders@invacare.com.au
Website: www.invacare.com.au

KCF Disability Engineering
1/12 Robart Court
Narangba QLD 4504
Phone: (07) 3203 0604
Fax: (07) 3293 1878
Email: info@kcfeng.com.au
Website: www.kcfdisabilityengineering.com.au

Kidsafe Queensland
50 Bramston Terrace
Herston QLD 4029
Phone: (07) 3854 1829
Fax: (07) 3252 7900
Email: qld@kidsafe.com.au
Website: www.kidsafeqld.com.au

Kimberly-Clark
52 Alfred Street
Milsons Point NSW 2061
Phone: 1800 028 334
Fax: (02) 9963 8028
Email: communication.kca@kcc.com
Website: www.kimberly-clark.com.au

Kite Mobility Vehicles
10 Demand Avenue
Arundel QLD 4214
Phone: 1300 352 742
Email: sales@kmkite.com.au
Website: www.kmkite.com.au

Liberator
265 Gilbert Street
Adelaide SA 5000
Phone: (08) 8211 7766
Fax: (08) 8211 7733
Email: info@liberator.net.au
Website: www.liberator.net.au/

Liberty Healthcare
2/11 Commercial Drive
Ashmore QLD 4214
Phone: 1300 885 853
Fax: (07) 5571 2312
Email: admin@libertyhealthcare.com.au
Website: www.libertyhealthcare.com.au

LifeTec Australia
Level 1, Newmarket Village
400 Newmarket Road
Newmarket QLD 4051
Phone: 1300 543 383
Fax: (07) 3552 9088
Email: mail@lifetec.org.au
Website: www.lifetec.org.au

Link AT
Level 3, 169 Fullarton Road
Dulwich SA 5065
Phone: (08) 8330 4102
Fax: (08) 8330 4102
Email: office@linkassistive.com
Website: www.linkassistive.com

Magic Mobility
2/112 Browns Road
Noble Park VIC 3174
Phone: (03) 8791 5600
Fax: (03) 9701 0144
Email: sales@magicmobility.com.au
Website: www.magicmobility.com.au

Medline
Level 3, 75 Miller Street
North Sydney NSW 2060
Phone: 1800 110 511
Fax: 1800 113 317
Email: auinfo@medline.com
Website: www.aumedline.com.au

Montrose
2/10 Station Avenue
Darra QLD 4076
Phone: 1800 193 362
Fax: (07) 3717 1146
Email: hello@montrose.org.au
Website: www.montrose.org.au

Motion Specialties
3/10 Tapnor Crescent
Brendale QLD 4500
Phone: 1300 652 382
Fax: (07) 3112 6125
Email: lkerr@motionspec.com.au
Website: www.motionspec.com.au

MPD Accessibility
421 Ipswich Road
Annerley QLD 4103
Phone: (07) 3892 2227
Email: accessibility@macandpcdoctors.com.au
Website: www.macandpcdoctors.com.au/accessibility

MPS - Megalong Product Service
14-16 Livingstone Street
Lawson NSW 2783
Phone: (02) 4759 2800
Fax: (02) 4759 2877
Email: mps@greystanes.org.au
Website: www.megalongpositioning.com.au

Novacorr Healthcare
2-9/11 Claude Boyd Parade
Bells Creek QLD 4551
Phone: (07) 5491 9944
Fax: (07) 5491 9644
Email: keith@novacorr.com.au
Email: sally@novacorr.com.au
Website: www.novacorr.com.au

Novis Healthcare
Unit 12/12 Mars Road
Lane Cove NSW 2066
Phone: 1300 738 885
Fax: 1300 738 886
Email: novis@novis.com.au
Website: www.novis.com.au

Otto Bock Australia
Suit 1.01 Century Corporate Centre
62 Norwest Boulevard
Baulkham Hills NSW 2153
Phone: (02) 8818 2800
Fax: (02) 8824 7920
Email: healthcare@ottobock.com.au
Website: www.ottobock.com.au

Permobil
3A, 6 Boundary Road
Northmead NSW 2152
Phone: 1300 845 483
Email: info.au@permobil.com
Website: www.permobil.com.au

Power Mobility
2/452 Bilsen Road
Geebung QLD 4034
Phone: (07) 3265 4663
Fax: (07) 3865 8413
Email: sales@powermobility.com.au
Website: www.powermobility.com.au

Pride Mobility Products Australia
20-24 Apollo Drive
Hallam VIC 3803
Phone: (03) 8770 9600
Fax: (03) 9703 9720
Email: prideaustralia@pride-mobility.com.au
Website: www.pridemobility.com.au

Signature Seating
Caboolture QLD 4150
Phone: (07) 5495 5068
Fax: (07) 5495 5048
Email: phil.bugg@ssmobility.com
Website: www.ssmobility.com

Specialised Wheelchair Company
11 Mitchell Road
Brookvale NSW 2100
Phone: (02) 9905 5333
Fax: (02) 9905 2208
Email: info@swco.com.au
Website: www.swco.com.au

Spinal Life Australia
109 Logan Road
Woolloongabba QLD 4102
Phone: 1300 774 625
Fax: 1300 655 885
Email: enquiries@spinal.com.au
Website: www.spinal.com.au

Sunrise Medical
6 Healey Circuit
Huntingwood NSW 2148
Phone: (02) 9678 6600
Fax: (02) 9678 6655
Email: enquiries@sunrisemedical.com.au
Website: www.sunrisemedical.com.au

Surgical Engineering
218 Homes Street
Brighton QLD 4017
Phone: (07) 3869 1919
Fax: (07) 3869 1919
Email: mike@sureng.com.au
Website: www.sureng.com.au

TADQ
Unit 1/23 Ashtan Place
Banyo QLD 4014
Phone: (07) 3216 1733
Fax: (07) 3216 1744
Email: info@tadq.org.au
Website: www.tadq.org.au

Think Mobility
Offices: Brisbane, Sunshine Coast, Mackay, and Townsville.
Phone: 1300 881 968 / (07) 3505 3711
Fax: (07) 3318 7601
Email: admin@thinkmobility.com.au
Website: www.thinkmobility.com.au

Wicked Wheelchairs
1/11 Gateway Court
Coomera QLD 4209
Phone: (07) 5500 0882
Fax: (07) 5556 0102
Email: info@wickedwheelchairs.com.au
Website: www.wickedwheelchairs.com.au

Zoomer Products
12 Garrawin Court
Clear Mountain QLD 4500
Phone: 0429 682 278
Fax: (07) 3298 5413
Email: rod@zoomer.com.au
Facebook: www.Facebook.com/zoomeraustralia

Zyteq
Suite 302, 120 Bay Street
Port Melbourne VIC 3207
Phone: 1800 818 353
Fax: (03) 9696 1755
Email: info@zyteq.com.au
Website: www.zyteq.com.au

CONFERENCE PRESENTATIONS

The following section provides an abstract (or summary) of each presentation provided in the breakout (or concurrent) sessions occurring over Thursday 9 and Friday 10 November. All presentations are listed in the order that they appear in the conference program.

Access to presentations after the conference: Where possible, access to most, if not all of the presentations at the ATQ Conference will be provided within a few weeks of the event. The link to these will be shared with all attendees, or you may contact MASS-Education@health.qld.gov.au after the event to obtain the link to presentations.

THURSDAY 9 NOVEMBER

Advocating participation through technology - ARATA: National support for AT best practice outcomes

Trina Phuah and Rachael Schmidt
Thursday 9 November, Hall B, 10.45am

The Australian Rehabilitation and Assistive Technology Association, ARATA, is a national peak body in support of best practice for rehabilitation and assistive technology stakeholders. ARATA members are people who are involved with the use, recommendation, customisation, supply and ongoing support of assistive technology. ARATA advocates and promotes best practice for rehabilitation and assistive technology in Australia and collaborates more broadly with international partners.

We will present:

- a background to ARATA's mission
- an introduction to ARATA's Board
- current ARATA activities and Community of Practice aspirations
- core resources, including good practice guidelines
- an outline of ARATA's role in promoting AT best practice
- a summary of ARATA's Policy on Assistive Technology and the NDIS
- an overview of what ARATA membership offers

ARATA advocates to build a sustainable AT service sector that provides capacity for all stakeholders to achieve positive outcomes. Come along, connect with your peers and discover what ARATA has to offer.

Chalk and cheese, or treading a fine line: When use of assistive technology becomes a restrictive practice

Margaret Cullen-Erickson and Sharon Paley
Thursday 9 November, Hall B, 11.05am

In our role as prescribers of assistive technology with people with participation, we understand how assistive technology can enhance a person's ability to participate in everyday life. But what should we do when we are asked to prescribe equipment for a person with an intellectual or cognitive impairment that may prevent a person from doing something they want to do? Or where there is a risk that equipment that we have prescribed is used in ways that was not for the original purpose?

This presentation aims to raise prescriber awareness of the intersection between prescription of assistive technology and restrictive practice. This will include defining restrictive practice, an understanding of restrictive practice legislation and usage in Queensland with particular regard to restrictive practice that may include use of assistive technology, the role of prescribing clinicians in relation to assistive technology (whether or not it is intended as a restrictive practice), and some resources for further understanding.

Justifying true clinical hours in specialised wheelchair-seating procurement: validating service costs

Rachael Schmidt
Thursday 9 November, Hall B, 11.45am

Background: A 30% predicted increase in wheelchair demand by 2030 is set to challenge a relatively elite wheelchair-seating service, currently operating in an evolving Australian market place. A robust, competent and flexible wheelchair-seating service sector is required to respond and meet a burgeoning consumer demand activated by Disability Insurance Agency self-managed

funded packages. In response, Assistive Technology prescribers are having to apply evidence-based data to validate extra funding to comprehensively procure appropriate specialised wheelchair systems for complex needs.

Data: Informed by data extracted from an in-depth case study into Australian wheelchair-seating service experience (2010-2014) and a follow-up study (2015): this presentation provides essential evidence based data to support specialised wheelchair procurement funding. Specifically, data provides the following essential wheelchair-seating service tools as:

- an essential service pathway: that describes a Seven (wheelchair)-Seating Service Step process; and
- a Wheelchair Service benchmark: that described each above service step with estimated services times (in both clinical and technical hours) that are required to ensure successful specialised wheelchair procurement.

The data validate between 20-30 clinical and technical hours are required when procuring specialised wheelchair-seating systems within an Australian context.

Conclusion: This presentation provides two essential service tools. The first: a comprehensive seating service pathway; the second an evidence-based Wheelchair Service Benchmark. Both provide invaluable service tools for validating additional funding to undertake essential assessment-prescription, supply, provision and fitting and evaluation services explicit in successful wheelchair-seating procurement designed specifically for people living with complex disability.

Skeletons in the closet: When assistive technology fails to help people participate

Rachel Brough
Thursday 9 November, Hall B, 12.10pm

Unfortunately, there are times when AT fails to meet the need it was intended to address and ends up cluttering cupboards and garages or is sent back after minimal use. As clinical advisors administering funding for mobility and daily living aid equipment at Medical Aids Subsidy Scheme, two types of AT abandonment are brought to our attention in particular: rapid returns, when the AT is rejected and returned very close to the point of provision; and stored stayers, when the AT is kept, unused, in the AT user's home for a number of years.

These AT skeletons in the closet represent a substantial time, effort and financial loss for everyone involved in the process of providing AT: the prescribers, suppliers, funding agencies and especially the AT users along with their families and carers. In addition to the time, effort and financial costs, AT users live with unmet expectations and needs as a result of AT abandonment.

This presentation will give an overview of the literature relating to AT abandonment in combination with the experiences of abandoned AT prescribed through Medical Aids Subsidy Scheme to explore:

- the factors contributing to AT abandonment;
- recommendations to help minimise the possibility of an item failing to meet a person's needs; and
- problem shooting ways to resolve AT abandonment if it occurs.

By providing insights into the AT skeletons in the closet, this presentation aims to facilitate better outcomes for AT users by minimising the possibility that their AT technology won't meet their needs.

You're Never too Young to 'AT': Introducing Assistive Technology to Young Children with complex needs

Gretchen Skorzewski, John Pashen, Vicki Robinson
Thursday 9 November, Rooms 1 & 2, 10.45am

Typically developing children acquire skills by interacting with their environment. Physical, cognitive, sensory, and communication skills are acquired in this age group in an integrated manner. Young children with complex disabilities can have reduced opportunities to control their environment and may miss out on important opportunities for acquisition of these skills.

Young children may not be considered candidates for Assistive Technology because they have not developed the prerequisite skills for use of Assistive Technology. The introduction of Assistive Technology may be delayed in anticipation that a child may reach a developmental milestone.

Research suggests that the introduction of Assistive Technology can provide young children with opportunities to learn to control their environment and enhance their skill development. In addition, a child's early use of Assistive Technology can provide parents and carers with knowledge that can influence long-term Assistive Technology utilisation.

This paper outlines the experience of 2-3year olds with complex disabilities using a range of Assistive Technologies (e.g. Speech Generating Devices, power mobility, and access options) for the first time. The Assistive Technology was introduced in a goal-directed, family centred, multi-disciplinary playgroup programme. Throughout the playgroups, age appropriate activities, customised to meet the access, communication and mobility skills of participants were utilized. The continued use of Assistive Technology by participants following the playgroups is also discussed.

All young children with complex disabilities should have the opportunity to use Assistive Technologies to support their growth and development. At best, delaying the introduction of Assistive Technology is unnecessary, and at worst, it may be detrimental to overall development.

'Oi, I have a Nerf Gun and I'm not afraid to use it' - An innovative and collaborative approach to assistive technology in the paediatric intensive care unit and beyond! A case study of a ventilated patient

Claire Dunn, Christina Sprott, Shailendra Maharaj
Thursday 9 November, Rooms 1 & 2, 11.05am

Background:

Traditionally, children with significant physical impairments had limited independence and were frequently excluded from activities with their peers, with detrimental effects to their overall development as well as social, emotional wellbeing. In a technological world, assistive devices can enable children with severe disabilities to participate independently in a variety of important social, leisure, and educational activities, whilst also reducing burden of care.

Objectives:

To provide an overview of paediatric patient's assistive technology journey (to date) – from Intensive care, to home, school and the broader community.

Summary of key points:

This case study describes the collaborative, innovative, and patient centred approach to assistive technology taken by a multidisciplinary team working with a 10 year old boy with near total paralysis from long segment transverse myelitis.

A combination of commercial and custom made assistive technology devices will be discussed, with a strong focus on the overarching goal of facilitating independence and participation in the intensive care unit, home, school, and beyond.

Results:

Through the collaborative efforts of the child, family, and multidisciplinary team, multiple obstacles were overcome to provide independent mobility, communication, access a computer and the internet, removal of oral secretions, control over the environment, and access to age appropriate leisure opportunities - all with the assistance of technology.

This case study highlights not only the application of technology but also innovation and family/patient centred team work, all with the goal of building a brighter future for both patient and family.

Home control with minimal movement: A case study

Jennifer Poppe
Thursday 9 November, Rooms 1 & 2, 11.40am

When a person acquires a profound disability, it can be difficult to imagine a meaningful life after discharge from hospital. These people often need full-time supervision from a medical perspective – but this is no reason for them to have carers do everything for them! It is important to empower people to act for themselves, to have some privacy and to maintain age-appropriate life roles.

This case study elaborates on the journey of a 10 year old boy with physical impairments from transverse myelitis to obtain ways to interact with his environment and to build useful skills for the future. It describes the collaborative and user-focused approach that is critical to good outcomes for assistive technology, as well as how a LifeTec health professional facilitated these outcomes.

Sharing success: Students with disability participating in the classroom and beyond

Gaenor Dixon, Catherine Milles
Thursday 9 November, Rooms 1 & 2, 12.00pm

The Department of Education and Training (DET) is committed to the participation and achievement of all students in Queensland state schools. To ensure that students with disability can participate in school life, access the curriculum and achieve learning success on

the same basis as their peers, DET provides a variety of support services and resources. Schools and students use a range of assistive technology, from low to high tech, as reasonable adjustments to support participation in all areas of school life.

Using a participation framework within a learner-centred model, DET teams partner with the student, their family and external service providers to plan and coordinate the use of assistive technology to support success. This presentation will define the use of assistive technology in the school setting and how this interfaces with assistive technology used in other parts of the young person's life, such as supports provided through the National Disability Insurance Scheme.

DET therapists and specialist teachers support schools to select, implement and adjust education programs to incorporate assistive technology into the learning occurring in classrooms every day. Case studies will demonstrate this multi-disciplinary approach used in schools, to achieve the best outcomes for students with disability, providing examples of assistive technology supporting literacy and numeracy, communication and mobility. By integrating assistive technology into teaching and learning, DET enables students to participate in learning and become involved in the full range of experiences schooling offers.

Windows communication software: How do you make the choice for dedicated AAC devices and tablets?

Charlene Cullen
Thursday 9 November, Rooms 4 & 5, 10.45 am

Background:

Some of the primary functions of communication include: expressions of wants and needs, exchange of information, social closeness and social etiquette (Light, 1989), Augmentative and Alternative Communication (AAC) may be required when the individual's primary mode of communication (e.g. verbal or written) is not adequate to meet all functional and participatory needs.

Since the introduction of mainstream tablets, there has been an increase in the range of options to meet augmentative communicative needs (McBride, 2011). And with wider choices available, it has become a more complex process to determine the most suitable and appropriate option for an individual (Hill, 2010).

In this 60 minute presentation, we will take a brief look at 4 of the AAC software options for Windows that are available on tablets or dedicated speech generating devices eg. Communicator 5, Compass, Snap + Core First and Grid 3.

We will consider the key elements to look for in a robust AAC system such as core word availability, word lists and classes, ability to make morphological changes, supports for automaticity and planned growth, word prediction and text to speech. Individual preferences for symbol sets, voices and programming ease will also be discussed.

Key Points:

1. An overview of Windows communication software options.
2. What language systems and vocabulary organisations are available and how do they meet criteria for a robust AAC system?
3. Comparisons of key features to help with decision making.

The Eyes have it; Successfully implementing eyegaze communication in a regional centre

Sue Lord
Thursday 9 November, Rooms 4 & 5, 11.45am

This workshop is targeted at all those involved in assessment and implementation of eyegaze communication or computer control systems in regional and remote areas. We intend to use case studies from our clients to illustrate what we have found to work well, and how we have addressed the challenges of trialling and implementing eyegaze systems in a regional and rural area. This will include discussion of the support available from suppliers, governmental and non-governmental agencies such as the independent living centres and how to use those supports, especially one or more members of the team has limited experience in this field.

As part of this interactive workshop, we will work with attendees to review models of implementation and support for AAC and computer access systems, and their suitability for this setting, as well as how to set goals and monitor outcomes with this kind of system. We will also talk about how to present evidence on the support requirements of the system user when requesting funding, particularly as related to NDIS Assistive Technology requests.

Learning outcomes:

Understanding of the key elements of successful trial and implementation of eyegaze technology in regional and remote settings.

- Be able to identify key supports available for successful implementation of this technology
- Be able to identify how to fund and justify provision of this technology and particularly of the high level of support required for successful implementation.

Travelling safely in vehicles

Ali Akbarian
Thursday 9 November, Rooms 6 & 7, 10.45am

There is a lot of confusion, conflict and misunderstanding around how to correctly transport people with disability and children in vehicles. The purpose of the presentation is to identify and demonstrate all legal requirements along with best practice guidelines for the transport of people with disability and children. The presentation covers an in depth prognosis on legal requirements, best practice guidelines, key liabilities and expected responsibilities as well as addressing any common questions or myths arising from stakeholders in the industry. The presentation looks at all aspects with transport from all persons involved, including the occupant, the driver, the carer/parent and the prescriber. The presentation will show that transporting people with a disability and children is not as complicated as perceived and that following some simple best practice guidelines will result in significantly improved safety.

Restraining children with disabilities or medical conditions safely in motor vehicles

Susan Teerds
Thursday 9 November, Rooms 6 & 7, 11.30am

In 2009, 288,300 children aged 0-14 years, were estimated to have a physical disability. Children with such conditions often cannot support their torso or head in an upright seated posture. They often have diverse conditions including seizures and intellectual disability.

The Australian Standard (AS/NZS 4370:2013) Restraint of Children with Disabilities or Medical Conditions in Motor Vehicles recommends these children be restrained in (AS/NZS 1754:2013) compliant car restraints. Modified compliant car restraints should then be considered before specialty harnesses and lastly special purpose seats which are not compliant. Kidsafe Queensland has been extremely successful in seating increasing numbers of children with disabilities in Australian Standard child car restraints with minimal modifications and also the use of specialty harnesses.

The Queensland Road Rules refers to AS/NZS 4370:2013 and that the option in the Standard must be trialled before prescribing the restraint. Children are safest in an Australian Standard compliant seat that meets one of the highest standards in the world. It is now necessary to improve awareness and understanding of the ability to seat children with disabilities into compliant child car restraints – and the legal requirement of the Standard and Queensland Road Rules.

We are collaborating with manufacturers on the development of car restraints that meet the requirements of children with disabilities and Australian Standards. We are also collaborating with occupational therapists, physiotherapists and other key stakeholders on the safest method of transporting children with medical conditions and their special needs.

Implementation of a best practice process for the prescription child and disability specific vehicle restraints for the safe transport of people with disability

Susan Robison
Thursday 9 November, Rooms 6 & 7, 11.50am

Within Australia, the use of a vehicle seatbelt or AS/NZS 1754 compliant child restraint is a mandatory legal requirement and it is the driver's responsibility to ensure all people travelling in their vehicle are correctly restrained. People with disability may require additional consideration during vehicle transport due to their postural, behavioural, and/or health related needs.

For children, a AS 1754 compliant child restraint may be appropriate for meeting these additional needs. However, there remains some instances where compliant options have been determined not to be suitable, and a modified compliant or disability specific child restraint is required.

For adults, the vehicle seat and seatbelt may not provide adequate support and they require the use of a disability specific vehicle restraint in conjunction with the vehicle seatbelt to meet their positioning and/or behavioural needs.

Allied health professionals (AHPs) have a legal and ethical responsibility to make informed and accurate recommendations regarding the use of modified or disability specific car restraints (Baker, et al. 2012). The Medical Aids Subsidy Scheme (MASS) has developed resources and a checklist to assist AHPs with the prescription process based upon the best practice

guidelines outlined in AS/NZS 4370 Restraint of Children with Disabilities in Motor Vehicles.

This presentation will provide examples as to how these resources and checklist have contributed to an increased awareness of best practice for the prescription of child and disability specific vehicle restraints to ensure people with disability are transported safely and in accordance with legal requirements.

Best practice and legislative requirements (QLD) for the safe transportation of persons with a disability, seated in a mobility device in a personal vehicle

Sharon Clark, Shimona Win Law
Thursday 9 November, Rooms 6 & 7, 12 pm

When travelling in a motor vehicle, it is considered safest for people with disability to travel in a vehicle seat with the vehicle seatbelt system, or use a child car seat and restraints that comply with local legislation. If this is not possible due to difficulty with transfers/need for additional postural support, travelling seated in the mobility device may be the most suitable option.

Installation of wheelchair tie-down and occupant restraint systems has substantial safety and legal implications for the driver, wheelchair occupant, vehicle modifier, and the medical/allied health practitioner providing advice, recommendations, and medical clearance.

The Medical Aids Subsidy Scheme administers funding for the Vehicle Options Subsidy Scheme. Eligible persons can apply for subsidy funding towards wheelchair accessible vehicles or vehicle modifications to enable transport of a person seated in their mobility device.

This presentation will discuss legislation and best practice that enhances the safety of people with disability when travelling seated in mobility devices in vehicles.

Key points covered in presentation:

1) Overview of relevant Australian Standards specific to wheelchair tie-down and occupant restraint systems, and wheelchair crash testing.
2) Legislative requirement in QLD of vehicle modifications when travelling seated in a mobility device.
3) Implications regarding Medical clearance and licence endorsement requirements.

Take Control, your ride, your world, your way – Benefits of touch

Ilona Wiemann
Thursday 9 November, *See It Live* Stage, 10.45am

Modern technology found in smart phones and tablets has revolutionised our world. By simply swiping or tapping a screen, individuals can access a range of features within a matter of seconds. Consider how the use of touch interface integrated into a wheelchair control to navigate between driving, seating and connectivity functions could greatly enrich user experience and simplify user operation compared to current day displays, combined with physical buttons on a traditional joystick.

While many users will be able to directly access the screen, others may require alternative access options including switch access or joystick navigation. Depending on the user's hand function, a touch interface should work with a single point of contact (e.g. fingertip), multiple contact points (e.g. knuckles) or a large contact area (e.g. palm of a hand).

A touch interface offers great flexibility in relation to the size and location of activation areas – the entire screen can represent a "button", or be customized for left handed use. Touch requires no force to operate and can be configured to meet the motor capabilities of individual users. Possible obstacles relating to outdoor use can also be overcome through use of glove mode, which can operate through 3 mm of fabric or plastic.

These latest technologies are now available on the TDX SP2 with LiNX and Ultra Low Maxx powered positioning system, this product has much to offer for users, clinicians and technicians. A touch screen interface is just one part of the revolutionary additions available on the TDX SP2.

Powerchairs – Breaking it down

Samuel Baker
Thursday 9 November, *See It Live* Stage, 11.15am

Have you ever looked at a powerchair and wondered how it all works? Where are the batteries, where is the suspension, can I grow my seat dimensions?

Over the course of this 20 minute live demonstration we will:

- Identify major components common across all powerchairs
- Physically increase the width / depth of the seating system; and
- Access the batteries and other key service components

Servicing a chair live in under 20 minutes should, at the very least be interesting to watch!

Where is my drive wheel and why does it matter?

Magdalene Love
Thursday 9 November, *See It Live* Stage, 11.40am

This session will explore the differences in driving techniques used with the various power wheelchair bases. The discussion will focus on various drive wheel configurations and base options to assist a provider in recommending the most appropriate power wheelchair base for each individual consumer and assist the provider in knowing how to teach a client to use their wheelchair to its maximum performance. Video case studies and/or demonstrations with various wheelchairs will be provided allowing the participants to experience differences among power wheelchair bases and options.

One person's journey to attain and use Smart Vision Assistive Technology

Alicia Parry
Thursday 9 November, *See It Live* Stage, 12.15pm

Recent advancements in vision technologies have resulted in the development of a range of apps, hand held and wearable devices which have the potential to assist people with reading, identifying faces and products; and navigation around the community.

This presentation will follow the journey of a young mother of two, Jen exploring, choosing and using technologies to support her continued community engagement.

Jen is a young Brisbane woman who lost her vision suddenly due to Optic Nerve Atrophy. She became aware of the CAEATI funding through her contact with LifeTec when exploring some of the newer vision technologies to assist her to read signs and printed product/ service information.

With assistance from LifeTec Jen trialled, and explored optical character recognition (OCR) options including an app, hand held tablet device, pens and glasses. In making her decision she considered a number of factors including ease of set up and use, OCR accuracy, limitations to readable text input formats, transportation and additional functionality within the device. With support from LifeTec Jen was successful in her application to obtain the Orcam MyEye a head mounted camera device through CAEATI funding and uses it daily. She tells her experience of using this device and how it has assisted to travel, shop, and participate in community activities with her family and friends.

Local impact from global innovation: learning from the WHO Global Research, Education and Innovation in AT Summit 2017.

Natasha Layton
Thursday 9 November, *See It Live* Stage 12.55pm

This presentation brings the highlights of the recent inaugural WHO Global Research, Education and Innovation in AT Summit for an Aussie audience. Two hundred AT leaders were in Geneva in August to discuss Products, People, Personnel, Provision and Policy. As one of the organisers, Natasha Layton of ARATA will showcase the outcomes from the Summit, including some of the 92 Innovation Snapshots from our global AT colleagues.

Giving consumers a voice: What consumers want when selecting and using assistive technology

Desleigh de Jonge
Thursday 9 November, Hall B, 2.15pm

Traditionally, people have accessed assistive technologies (AT) and related services via a patchwork of services, equipment schemes, and community organizations. Recent disability and aged care reforms require service providers to move from using a service-centric to a consumer centred approach, where people with disability and older people are afforded choice and control in identifying assistive technology (AT) solutions and use of funding. A deep understanding of the people's experiences and perceptions of selecting and using AT is required in order to operate in a person-centred way. Whilst consumers welcome these changes, the AT process can be a daunting and uncertain experience for many consumers whose experience of the AT process have, to date, been constrained by funding and dominated by bureaucratic processes. This session

will provide consumers and service providers with an opportunity to discuss the challenges and opportunities they have experienced when selecting and using assistive technology. It will use graphic facilitation to capture peoples' experiences and identify elements essential to acquiring choice and control and achieving good AT outcomes.

Wheelchair solutions for tricky clients – When "typical" solutions just won't work

Amy Bjornson
Thursday 9 November, Rooms 1 &2, 2.15pm

This case study based workshop will explore our practices in seating and wheelchair provision. We will discuss the 'optimal' wheelchair for a given client doesn't meet their needs or their goal set. When that typical wheelchair solution is not possible, we must have a plan B. We will investigate what should be considered appropriate compromises as when and how to reach a happy compromise. We'll also develop strategies for translating assessments into workable, successful prescriptions.

My home, my castle, my smartphone

Des Hall, Jacqui Kirkman, Lin Rodrigo
Thursday 9 November, Rooms 4 & 5, 2.15pm

Home automation is a growing field in both the mainstream and disability markets. Functions which can already be performed at the touch of a touchscreen or a voice command include adjusting the temperature of your home, unlocking your front door to allow yourself or a visitor access and checking in on your loved one via a video connection.

There are a number of product manufacturers already on board and there are a few big-name platforms which support a range of brands, i.e. Apple, Amazon and Google.

This presentation will outline the various functions and products available on the Australian market, compare the major platforms' offerings and work through a "day in the life" of an automated home. It will also explore how home automation might fit within an NDIS plan.

Can Talking Mats help with NDIS planning?

Tracey Bode
Thursday 9 November, Room 6, 2.15pm

Talking Mats is a simple yet powerful, evidence based communication framework. Talking Mats supports conversations by helping people to express their views, identify their goals and how they want these to be met. The structure supports thinking and reduces processing demands.

Talking Mats was designed by speech and language therapists. Based in Scotland, Talking Mats is a social enterprise whose vision is to improve the lives of people with communication disabilities by increasing their capacity to communicate effectively about the things that matter to them. It is used alongside the person's existing means of communication. The research evidence indicates more information and better quality information results from an interaction using Talking Mats.

Using specially designed picture communication symbols based on the ICF framework, this presentation will demonstrate how Talking Mats can be a useful tool to support people with communication difficulties to develop their individual plan.

Complex assistive technology prescription to improve independence in people with brain injury

Jasmine Cowles, Chantelle Bowles
Thursday 9 November, Room 6, 2.55pm

This presentation will highlight the importance of multi-disciplinary teamwork in the prescription and implementation of assistive technology to enhance communication skills and environmental control in a patient with a complex acquired brain injury. It will also aim to reflect on the specialist skillset required by clinicians in the assessment and prescription of appropriate devices, as well as provide insight into the challenges faced when using technology and tailoring it's use for a complex client. Most importantly, this presentation will focus on how assistive technology can significantly enhance quality of life through improved communication methods and greater independence.

This case study will focus on a patient who was admitted to a specialist rehabilitation unit following a bilateral pontine infarct which resulted in 'locked in syndrome.' Specifically, he presented with anarthria, poor upper limb control, impaired sitting balance and gross head

control only. His cognitive and language skills were largely intact and he was able to drive a powerchair using a head array. Through a joint assessment process with the speech pathologist (SP) and occupational therapist (OT), it was determined that therapy goals should focus on the implementation of a low tech and high tech communication system as well as a device which could provide environmental control. This process included modification of his powerchair to ensure adequate posture and alignment to access a device, therapy programs to improve strength and control of both upper limbs, and trials of various AAC devices to ensure that they met the patient's communication and environmental control needs. Following consultation with the patient, his family and the MDT, the Tellus 4 with Grid 2 software was purchased. The implementation phase involved significant input from the SP and OT to ensure access to the device within the confines of the patient's physical ability, tailoring the software to meet his specific needs, and education of staff and family about how to use the device. The process has ultimately resulted in the patient using a reliable communication system with the option to access to other communication platforms in the future including social media. It has also ensured that he has greater ability to control his immediate needs in his environment (i.e., opening/closing doors, turning on/off lights etc.).

The use of technology to promote independence

Jay Doherty
Thursday 9 November, Room 7, 2.15pm

The use of technology can open many levels of independence with a person who has a disability. For individuals with physical limitation use of technology is very important to achieve independence. These barriers that individuals must overcome may include everyday activities of daily living, work or school related barriers or just simply having independent mobility. The technology available today can open doors for people with disabilities to perform things like control a power wheelchair or control a simple environmental control now commonly purchased in stores and online web sites. This presentation will provide you with a look at power wheelchair technology (specialty control input devices to environmental control features of power wheelchairs) available to explore with the individual you are working with and how these devices can promote independence. This presentation will use videos and case studies to show technology use.

Learning Objectives:

1. The participant will be able to list three different options for access to control driving a power wheelchair.
2. The participant will be able to discuss what technologies commonly available in the general population can be beneficial to the individual with a Spinal Cord Injury.
3. The participant will be able to list the reasons that interfacing technology with a power wheelchair's electronics can promote independence.

Cushion lingo and why it matters: Immersion, Suspension, Offloading, Asymmetry, Postural Support and Stability

Stephen Hales
Thursday 9 November, *See It Live* Stage, 2.20pm

This presentation will use a blend of powerpoint slides and live demonstrations to discuss important differences between pressure redistribution cushions available on the market today. We will look at some of the major types of ready-made cushions: foam, foam-gel, gel-air, foam-fluid, and air cell cushions. We will look at the profile of various shaped cushions, considering their properties to adapt to different shaped users. We will follow with making adjustments to air cell cushions to provide sufficient immersion to spread the load over the widest possible sitting area.

Following the initial consideration of shape-fitting properties, we move on to look at the capacity of these cushions to reduce the load on soft tissue over bony areas which are most vulnerable to pressure. Through the addition of components to the cushion, or through making adjustments to the air cells, we aim to answer these questions:

- Can complete offloading be provided in a standard, off-the-shelf cushion?
- If the person sits in a very slouched posture, or is tilted so the buttock on one side is higher than the other side, how can these cushions be set up, or adjusted to fit the person, and is there a way to improve sitting posture?

Finally, we will look at the needs of wheelchair users to transfer out of the seat, and to achieve a stable sitting position when propelling or driving a wheelchair – how could the cushion chosen impact on the user's function and posture?

The advancement of Technology in the provision of Custom Seating

David Fagan
Thursday 9 November, *See It Live* Stage, 2.50pm

This 20 minute workshop will take you through new digital scan technology and its use in providing highly accurate and innovating custom seating solutions. Through a patent pending capture environment, we will explore the best method to ensure we have the best postural alignment in the simulator. All client information is stored together in a safe secure encrypted software app together with the digital scan. The end result product is the lightest wheelchair cushion on the market today, providing a high degree of postural support coupled with offloading of high risk bony prominences to reduce the possibility of pressure injury caused through deep tissue deformation. The backrest is a streamlined poly backrest that is quickly and easily altered, mounted on a hardware that provides a high degree of adjustment in all planes.

Using a hands-on approach we will learn the shape capture process, experience the ease of scan and discuss the benefit of early v's late intervention of custom seating. When is late too late?

Help make my Home Accessible... YESTERDAY

Tracey-lee Maginnity
Thursday 9 November, *See It Live* Stage, 3.30pm

Independent access in the home often requires significant permanent and costly structural changes. Are there alternatives....Not everyone wants to change their home, what if your renting and need to change residence in near future, what if your waiting for funding or construction to commence, what if you share your time between multiple residences? What other options could you consider? This workshop looks at some of the interim and alternative options to make your bathroom accessible and to maximise independence in a non-modified bathroom.

This workshop looks at a variety of assistive technology solutions and considerations for their use, from basic bath boards to slider commode systems. Short term and long term potential solutions will be discussed from a client centred and cost effective approach.

The use of technology in reducing neck muscle fatigue for chin control wheelchair users

David Riley
Thursday 9 November, Hall B, 3.45pm

In April 1995 I had a bicycle accident and fractured C2. This left me as a ventilator dependent tetraplegic requiring round the clock care. Assistive technology (AT) is a big part of my daily life because I am immobile from the neck down. I use AT to access my phone, computer and other environmental controls. Using AT means I need minimal assistance from a support worker and provides a better level of independence and privacy.

All this can be done through the chin control. However, using a chin control to drive a wheelchair and using the same chin control to access environmental controls causes extreme fatigue in the neck and shoulder muscles. The main muscles affected are the upper fibres of Trapezius, Sterno-Mastoid and Scalenus.

There are other AT options that do not require the use the chin control. These include voice recognition, eye tracking and head array. I use a variety of these options to provide optimal access to my environmental controls and other devices thus reducing neck fatigue.

In choosing these options one must consider the reliability of the technology, accuracy of control, cost, supply, reliability and back up. During this presentation I will demonstrate some of the different devices I use which have been most successful in allowing the access to my environment.

Snapshot into how I control my world!

Patrick Dillon, Michelle Myburg
Thursday 9 November, Hall B, 4.15pm

The rapid and continual advancement of mobile phone technology has opened up an array of opportunities for people with physical disabilities. It is therefore not surprising that there is an increasing number of people choosing these mainstream mobile technologies (smartphones) over the traditional 'disability specific' assistive devices. In today's world we have become very reliant upon our smartphones and in some ways take their ease of access for granted. For a person with a physical disability, having access to a smartphone that interfaces with an environmental control system can increase their functioning, independence and overall psychosocial well-being.

Patrick Dillon will provide a glimpse into his life as a person with a high tetraplegia level spinal cord injury, and give insight into his personal environmental control system journey. Through the use of his chin control and environmental control system, Patrick is able to independently control his home and his work environment. Having an environmental control system has allowed Patrick to reclaim control over his life and day to day activities.

Practical lessons learnt along the way, including the assessment and prescription process and an insight into the problem solving process and trial of various options will be presented by Patrick's occupational therapist from the Spinal Outreach Team. Patrick's pursuit of maximum independence and his ability to apply the technology in practical and workable ways provides valuable learnings which will assist others environmental control system journey.

Coming 'Home': Echo, Home and the mainstreaming of Assistive Technology

Sue Lord, Emerson Ysayama
Thursday 9 November, Hall B, 4.45pm

An increasing range of home control devices are now available or will be available in Australia in the near future. Our team will use this presentation to review and demonstrate some of the devices on the market and share how we have been able to integrate these devices with peripherals available in both the mainstream and Assistive Technology marketplaces. As these new devices offer a range of functions that lie beyond their specialised Assistive Technology counterparts, we will discuss how these new functions can improve the lives of Assistive Technology Users.

We will outline some of the benefits and concerns we have identified with using this technology, contrast it with traditional dedicated environmental controls and discuss what support networks and technical and clinical advice are required in order to successfully implement this technology. We will also touch on potential funding routes for this technology into the future, and how to address justification for such technology in funding applications.

Learning Outcomes:

- Understanding of the benefits and negatives of mainstream home control devices as contrasted with dedicated environmental control devices
- Be able to identify key supports for successful implementation of this technology
- Be able to identify how to fund and justify provision of this technology.

The meaning of using a wheelchair or scooter

Michele Verdonck, Dr Jacqui Ripat, Roger Carter
Thursday 9 November, Rooms 1 & 2, 3.45pm

Aim:

We know more about what it is like to use wheelchairs and scooters and what people think about these assistive technologies. This understanding is based on research from several countries and settings. This session will look at what the research says and what we can understand by looking at all the studies as a whole.

Method:

We systematically searched research literature to find more about the users' experience. A total of 20 suitable papers was included. We then analysed all these papers to find what was common between them and to identify an overall theme.

Findings:

The sample of 20 papers included a total of 301 users aged from 7 to 92 years old. Four common themes describing the meaning of using a wheelchair or scooter were identified. These were: the interaction of the wheelchair or scooter with the physical environment, experiences with other people and society, participation in activities using the wheelchair or scooter and the relationship between the user and the wheeled mobility device. These themes together were conceptualised in a overarching theme: the dynamic duality of the wheeled mobility device experience. This theme shows that the meaning of wheelchairs and scooters is a fluid experience which can be both positive and negative and is influenced by several factors.

Conclusion:

The findings demonstrate the value of merging several studies to better understand experience. The use of wheelchairs and scooter is a complex issue and the findings provide a framework which may help us understand what wheelchairs and scooters mean to individual users.

So many equipment choices: new, re-issue or loan, but so little time. A creative approach to meeting the equipment needs of people with MND

Renae Knight and Jane Williamson
Thursday 9 November, Rooms 1 & 2, 4.05pm

When an established respiratory service takes on the caseload of MND, it should not be too different or hard surely? The addition of a MND caseload has been a roller coaster ride of learning experiences, both the highs and the lows. The Metro South MND service was the development of a unique service design in Queensland for this group of clients and originated in October 2013 from a lack of cohesive service provision for a complex high need group of clients. We are a multidisciplinary team that provide an ongoing proactive service in managing and supporting clients and their families through the changes as their condition progresses.

One of the key learning experiences was how the service needed to learn to work with equipment providers especially Medical Aids Subsidy Scheme and MNDA Queensland. When a clinician is working with a diagnostic group that can rapidly progress within days or weeks, time is of the essence. The presentation will explore case studies and scenarios experienced on how flexibility, creativity and always putting the client central to all discussions and decisions were implemented. The use of re issue equipment from MASS, and loan equipment from MNDAQ will be highlighted during this.

Refurbish and Reissue: Providing benefits for users, the environment and funders

Matthew Massy-Westropp
Thursday 9 November, Rooms 1 & 2, 4.25pm

The Domiciliary Equipment Service (DES) is a business unit of the Department for Communities and Social Inclusion (DCSI). DES provides assistive technology (AT) for its service users, including participants in the National Disability Insurance Scheme and South Australia's jurisdictional AT programs.

DES supplies equipment on a loan basis, including a range of approximately 400 readily available items held in stock, as well as off-the-shelf items purchased on-demand. DES also supplies modified or custom-made items to meet an individual's specific need. During 2016-17, DES will provide more than 25,000 items of loan equipment to more than 10,000 individuals.

Refurbishing loan items that are no longer in use has been an important strategy for DES. Items are tracked and when no longer required, are collected and returned to DES, assessed for suitability and safety to reissue, then cleaned, maintained and returned to stock.

Over the past five years, reissued equipment has comprised around 80% of the loan items supplied by DES to meet peoples' needs. This has delivered an estimated net benefit of more than $30 million over the same period. The same strategy has minimised the use of waiting lists and led to supply times being less than one week for most items.

Refurbished equipment pools were included in the NDIS AT Strategy and this presentation will outline some key considerations for stakeholders. These include strategies for procurement, workforce, maintenance and quality systems that lead to benefits for end users, the environment, and opportunities for the future.

Meeting the Standard, what you need to know to navigate the world of Standards

Kristen Morris, Peter Slattery, and the National Committee on Rehabilitation Engineering
Thursday 9 November, Rooms 1 & 2, 4.45pm

Purchases are always a compromise, Assistive Technology is no different. It is important to understand the significance of the compromise. Standards not only set a benchmark of the quality and reliability of equipment, they can also form part of the legal requirements and set out access requirements.

Standards can be used by both Prescribers and Users in a range of ways, depending on their scope and purpose. Prescribers can use Standards documents to provide guidance on decision making, provide information of base requirements of the particular item of equipment and support the prescriber to follow best practice. Standards can also assist users to make decisions on their AT purchases, including ensuring a basic level of quality and reliability, guidance on the equipment's ability to access the community and reduce the risk of purchasing a 'lemon'.

Standards are often overlooked or misunderstood; this presentation will provide you with a practical guide to assist in day to day Assistive Technology selection. In a world that is supporting users of Assistive Technology to make their own choices, it's imperative that accurate advice is provided regarding the quality and reliability of their AT choices.

This presentation will run through some of the different types of Standards documents, concentrating on some of the key Standards within the AT sector and any relevant updates. Standards within the AT sector include wheelchairs, access and daily living aids, including AT for personal hygiene and patient lifting devices.

Seating Research at the RBWH Rehabilitation Engineering Centre

Peter Slattery, Associate Professor Gunther Paul
Thursday 9 November, Rooms 1 & 2, 5.05pm

The Rehabilitation Engineering Centre has been fabricating custom pressure cushions for people with complex skin integrity problems for over three decades. As medical care has changed and improved the people who are being referred to the REC for custom cushions are often more unwell than would previously have be considered for surgery. In addition their physical presentations can be more complex and challenging.

While historically the success rate of the REC custom cushions has been high, in recent years the complexity of cases referred has challenged our understanding of what features are truly important in their design. What is really important in selecting combinations of materials? How do the properties of materials change over time? Can we predict how the anatomy of the seated human will interact with the shape and structure of a particular cushion? And are pressure management and comfort related?

The Rehabilitation Engineering Centre has linked with a researcher from James Cook University to try and learn from previous research into the design of seating for automobiles and looking at whether this methodology can be applied in our clinical care. This paper outlines the range of questions that have arisen and the initial steps in developing a cyclic testing rig to gather materials data. The preliminary aim is to develop an evidence base that can inform future cushion design to improve outcomes for people with complex needs.

Finding your voice: An overview of voice banking and message banking options

Charlene Cullen
Thursday 9 November, Rooms 4 & 5, 3.45pm

This oral presentation will provide an outline of both voice banking and message banking, which are areas of development for alternative and augmentative communication (AAC) for people with respiratory disorders, Motor Neuron Disease (MND), Parkinson's Disease, Multiple Sclerosis, glossectomy, laryngectomy or other complex communication needs.

Voice banking is a technique that involves recording a large inventory of an individual's speech which is then used to create a synthetic voice that approximates their natural voice. This synthesised voice is a computer file that can be loaded onto tablet devices and used with apps or a dedicated speech generating device. If completed successfully, it enables someone to spell and create unique messages and have it spoken through a synthesizer that approximates their natural speech. Sometimes, in the case of people who already have no voice, another person (friend or family member) might do the recordings to create a voice.

Message Banking is another option, which involves the process of digitally recording and storing words, phrases, sentences, personally meaningful sounds and/or stories using an individual's natural voice, inflection and intonation. These messages can be linked to communication apps or speech generating devices but do not allow for creation of novel messages through spelling.

Case studies will be used to illustrate how voice banking and message banking have been used successfully with individuals who don't have speech. A comparison of the two methods will be provided with considerations given to access, available tools, cost, time and resources.

Eyegaze with intent: The CPL approach to determining intentional communication, when using a Speech Generating Device via eyegaze

Vicki Robinson, John Pashen
Thursday 9 November, Rooms 4 & 5, 4.25pm

Eyegaze technology has provided individuals with disabilities a wider range of options for independent communication. In recent years this technology has rapidly developed and has become less expensive and more accessible. During this period there has been a significant increase in the prescription of eyegaze Speech Generating Devices (SGD) in Queensland.

Allied Health Professionals (AHPs) prescribing assistive technology need to follow a best practice approach for successful outcomes for clients. The goal of achieving intentional communication is crucial when prescribing a SGD. Therefore, for optimal success in using an eyegaze SGD, an individual needs to be able to demonstrate both access and language skills. Individuals, who may communicate intentionally using another system and also

demonstrate the skill to use eyegaze training software, may not necessarily be able to always translate these skills into use of intentional communication with eyegaze SGDs.

An opportunity currently exists to explore best practice in the prescription of eyegaze SGDs. How can AHPs ensure individuals using eyegaze SGDs achieve the best outcome?

This paper aims to outline the CPL approach to the prescription of an SGD with eyegaze access. Stable and consistent positioning, adjustment of software parameters, calibration, the grading of language tasks, functional activity and a multi-disciplinary approach, are parameters that will be discussed.

Accessible fun and games with your device

Karyn Muscat
Thursday 9 November, Rooms 4 & 5, 4.45pm

Computer-based electronic devices offer a wide range of software which is accessible and fun! From early learning cause-and effect games through to Tetris, Solitaire and Minesweeper, all can be accessed via switch, joystick, trackballs, eye gaze, head-tracking and other access devices for those who have difficulty with the standard keyboard and mouse and/or touchscreen.

Keypoints:

This presentation will show a wide range of accessible and fun games and activities. All activities can be tailored to your needs. Strategies for maximising their suitability will be shown; including:

- Rearranging layout to better suits specific access needs such as eye gaze / head tracking or switch access
- What to look for in activities at all different stages of learning and experience
- Where to find activities

Using videos and examples from within specialised software we will demonstrate how accessing fun activities can assist with building a person's skills in using their chosen access method. We will also outline examples of learning pathways when building competent use of access methods.

Participants will leave this presentation armed with an array of practical ideas for not only practicing access methods such as switch, head-tracking, eye gaze joystick etc but also provide independent leisure activities as well.

Managing your bowels

Karen Matthews
Thursday 9 November, Rooms 6 & 7, 3.45pm

Regular bowel actions; what does it mean?

Having regular bowel actions at the appropriate time and in the appropriate place are important aspects of life for all of us. Preventing constipation is one problem that makes us feel unwell and it is important to know how to prevent it happening.

Loose bowel actions can be troublesome and there are some practical ways, including diet, that we can use to lessen the worry of loose bowel actions.

Did you know fluid is absorbed into your body from your large bowel? So the role of fluids will be discussed.

In this presentation I will talk about assessment and why you might be asked to provide a bowel diary and what is involved in keeping such a diary.

Medical conditions can contribute to a hard to maintain routine, but we can learn how to work around that. The role of fibre, both soluble and non-soluble, will be discussed in maintaining a healthy bowel, including how much fibre. Many medications can cause problems with bowels and can cause constipation and other problems.

Appropriate use of aperients, bowel opening medicines, assists with regularity. It is important to know what is the best type of aperient and when to take it.

There are some simple strategies such as how to sit on the toilet and not ignoring 'the call to stool' which will be explained. Do you know we should not strain when sitting on the toilet, nor should we be sitting there for long periods of time?

We need to have regular bowel habits and feel satisfied at the end.

Neurogenic bladder and bowel management

Byron Hudson
Thursday 9 November, Rooms 6 & 7, 4.25pm

Common neurogenic conditions that cause damage to the nervous system include spinal cord injury, multiple sclerosis and spina bifida. These conditions can lead to the development continence complications relating to the neurogenic bladder or bowel and in a number of cases also often result in requiring the use of a wheelchair at some point.

This 30 minute presentation will cover continence management for the neurogenic bladder and also the neurogenic bowel.

1. **Neurogenic Bladder and Continence Management**
   There are two types of urinary problems. Urinary incontinence occurs when there is involuntary leakage of urine from the bladder and urinary retention occurs when there is an inability to empty the bladder. Urinary continence affects a broad range of people and can have a limiting and debilitating effect on someone's life if not treated well. While difficult to talk about with heath care professionals, there are solutions and options that can help people effectively manage their bladder so they have less issue with leakage.

2. **Neurogenic Bowel and Continence Management**
   Predictability is the key to better quality of life for people with the neurogenic bowel. The most important thing for people suffering from the neurogenic bowel is to minimise the likelihood that a bowel leakage occurs involuntarily during the daytime. Trans Anal irrigation is a relevant choice for people who want to:

- Decide when and where their bowels should be emptied
- Prevent constipation and faecal incontinence
- Reduce the fear of faecal incontinence episodes
- Improve quality of life

Constipation and incontinence are prevented by emptying the bowels more effectively. Peristeen Anal irrigation empties the bowel so that full continence can be obtained on average for two days later. This provides confidence, predictability and peace of mind. Peristeen takes less time than many conservative bowel management procedures so people can reduce the time they need to spend on bowel care. Peristeen is now more accessible for patients given introduction of the recent NDIS scheme.

We hope to see you at the presentation.

Mitrofanoff and MACE: Stomas with a difference

Michelle Roberts
Thursday 9 November, Rooms 6 & 7, 4.55pm

Continent Stomas do not require the wearing of a stomal appliance, but still require an opening in the body to allow removal of waste by another means.

Mitrofanoff: The Mitrofanoff procedure was created in 1976 by Professor Paul Mitrofanoff, as a way to permit bladder drainage when voiding or urethral self-catheterisation is not possible. The procedure enables patients to maintain dignity and independence whilst providing an alternative to a permanent indwelling catheter or stoma appliance. The purpose of this operation is to form a channel between the bladder and the wall of the abdomen to allow intermittent self-catheterisation of the bladder and controlled bladder drainage.

MACE: In 1990, Malone adapted the concept of Mitrofanoff to children with intractable faecal incontinence by describing the continent cutaneous appendicocecostomy. The MACE (Malone Antegrade Colonic Enema) is a surgical procedure designed to help patients with neurogenic bowel (chronic constipation and/or inability to control stool elimination due to a neurologic problem) attain faecal continence. This technique forms a channel between the abdominal wall and colon, to allow periodic catheter access whereby an enema can be administered to eliminate contents of the large bowel on a timely, reliable basis.

These procedures are not without their challenges, and the patients' ability to cope is dependent on the education and support provided.

The Princess and the Pea... the importance of nighttime therapeutic positioning

Gretchen Skorzewski
Thursday 9 November, *See It Live* Stage, 3.50pm

Sleep is of primary importance to the physical, cognitive and social wellbeing of all people. Most major hospitals have sleep disorders clinics, to diagnose and suggest treatment options for enhancing sleep. People with cerebral palsy, for example, are more likely to experience daytime drowsiness, nighttime wakings and have difficulty settling to sleep. The effect of this is reduced memory, cognitive function and concentration. Some of this difficulty is likely to be the result of poor posture overnight, leading to pain, increased tone and pressure issues and has the possible long term consequences of postural changes and subsequent health issues.

The importance of good positioning during the day for people with movement and postural issues is well documented. Daytime positioning aims to enhance function, comfort and protection of the body. Nighttime positioning is as equally or more important for comfort, postural protection and sleep.

In addition, an individual's poor quality sleep impacts their primary carers' quality of life. The impacts on carers include increased rates of depression and effects on cognition and memory function.

This presentation will utilize case studies which introduce nighttime postural care as an option for pain reduction, improved sleep and mitigation of long term postural changes. It will aim to answer some of the frequently asked questions that individuals and families have regarding nighttime postural care and raise awareness of this previously under recognised, yet vital, aspect of therapy.

International pressure injury prevention and management guidelines: An Individual's guide for choosing a support surface

Amy Darvall
Thursday 9 November, *See It Live* Stage, 4.20pm

The International Pressure Injury Guidelines summarise recommendations and supporting evidence for pressure injury prevention and management. The Goal of this guideline is to provide evidence based recommendations for the prevention and management of pressure injuries that can be used by health professionals and individuals of all age groups throughout the world to assist in reducing individualised risk when choosing support surfaces.

Support surfaces are specialized devices for pressure redistribution, designed for management of tissue loads, microclimate, and/or other therapeutic functions (e.g., any mattress, integrated bed system, mattress replacement, mattress overlay, seat cushion, or seat cushion overlay).

The recommendations consist of five detailed items including: mattress and bed use, the prevention of pressure injuries to the buttock and heal region, seats and cushions, other forms of support surface such as mattresses and emerging therapies to consider.

This evidence should be used to help make clinical decisions that best match the needs of the individual with the characteristics of the support surface. The special needs of critically ill, spinal cord injured, and bariatric patients will also be addressed.

An introduction to independent living specialists and talley support surfaces

Rebecca Jones
Thursday 9 November, *See It Live* Stage, 4.45pm

- Services offered by Independent Living Specialists
- Company Divisions
- Talley Company Overview
- Various National State Health Contracts Talley has been accepted on
- E-Learning module video from Talley Group website
- Presentation of Key Clinical Paper – Presented at The European Wound Management Association Conference in 2015 "Reducing the Incidence of Hospital Acquired Pressure Ulcers" by Nicola Heywood, Tissue Viability Nurse from The Royal United Hospitals Bath
- Clinical Features of the Talley Range
- A breakdown of all the mattresses and overlays available in the range
- Active 2 Invacare
- Bed Box (Foam surround with incontinence covers) design. Standard sizes available and custom builds.
- Independent Living Specialists – trial process

FRIDAY 10 NOVEMBER

"On Ya Trike"

Susan Lovell
Friday 10 November, Hall B, 11.25am

An active lifestyle is well recognized as having a positive impact on people's health and wellbeing. Cycling is a low impact physical activity that can be enjoyed by people of all ages and ability as a recreational activity, sport or means of transport. It is a way for people to incorporate physical activity into their daily lives and improve cardiovascular fitness, joint mobility and strength.

In recent years advances in assistive technology for bikes have enabled people of all abilities and ages to participate in cycling. These advances range from low tech modifications to more specialised and customised bikes and trikes.

The case study will present the assistive technology journey of Bernie, a 65 year old gentleman with a history of cerebral ataxia. Bernie's reduced mobility and function impacted on his ability to actively participate in the community and his goal was to cycle along the bikeway along the ocean front near his home.

In consultation with the LifeTec's physiotherapist the evidence based pathway of imagine, seek, choose and live was followed to assist Bernie in this journey. The steps taken through each stage of this journey will be outlined in the presentation.

With support from LifeTec, Bernie was successful in his CAEATI application to obtain a trike. Bernie is now enjoying improved wellbeing from being able to cycle out in the community using a power assist trike modified to suit his individual requirements. This has enabled Bernie to exercise regularly and to actively participate outdoors in a social recreational activity.

Innovative AT for a horse trainer and cattle property manager

Lauren Reid
Friday 10 November, Hall B, 11.40am

With goal of establishing Assistive Equipment for fullest work participation, Spinal Life Australia was referred a Spinal injured gentleman whilst completing his initial rehabilitation, through Back2 Work programme. AT funded through Employment Assistance Fund, managed by Job Access (Federal Govt Programme).

This case study describes the critical factors in AT prescription for a 57yo business owner, who sustained a level T12/L1 ASIA C Spinal Cord Injury after a horse riding accident. The AT solutions are applicable to other clients returning to rural properties and undertaking recreation activities, and highlight the challenges for spinal cord injured persons in physically active roles.

Factors considered included:

- Work Analysis – Horse Training
- Managing 400acre cattle property
- Nature of Terrain – Variable, steep hills, very fine sand, unsuited to use of mainstream powerchair
- Ability to transfer, capacity to stand
- Pressure management
- Odoema management
- Assessment of Functional Abilities – driving with hand controls, sitting endurance, standing capacity and transferring to saddle

Prescriptions included:

- An all-terrain, off-road Action Trackstander powerchair selected specifically due to its performance traversing steep gradients and managing sandy, muddy, dirty, unpredictable surfaces. Sit to stand model prescribed.
- Provision of a Kubota RTV-X900 Series Utility off road vehicle, specially customised with hand controls, postural support and access equipment
- Fully customised riding boots, due to significant oedema of lower limbs
- Customised saddle with in-built ROHO pressure redistribution central section
- Automatic gate openers

Utilising GPS tracking for maximising safe community participation

Kylie Thomas
Friday 10 November, Hall B, 12.00pm

Background:

Intervention was sought when a power wheelchair user with an Acquired Brain Injury was jeopardising his and others safety whilst accessing the community independently.

Method:

Advances in the use of GPS to remotely track vehicle movement were considered as an option to prevent unsupervised community access. Utilising

telecommunications networks to form a geo-fence within the facility enabled least restrictive principles to be applied.

Discussion/Outcomes:

Occupational Therapy team explored technology allowed ongoing freedom of mobility within the confines of the facility with support workers to enhance safer community engagement.

Conclusion:

The journey to integrate this technology for a positive outcome for this wheelchair user is described in this presentation.

Power to the people – Considerations to promote effective use of powered mobility devices

Sally Redman, Susan Robison
Friday 10 November, Hall B, 12.20 pm

Background:

Powered mobility can fulfil an inherent human desire to be independently mobile, facilitating a positive pathway towards participation in life (Cerebral Palsy Alliance, 2009). Assisting people to identify a powered mobility device to meet all their needs can be a complex process. Unfortunately, there is no formula for selection. Rather, it is an incremental process aiming to match their individual needs with the different types of powered mobility and the vast range of features available within these powered mobility devices (Enable NSW and LTCSA Editor, 2011).

Key points:

This presentation will explore some of the considerations for allied health professionals who are assisting consumers to identify a powered mobility device to allow independent mobility and enable effective use of the device in all intended environments, including:

- The process of selecting powered mobility, including assessment, and the identification of risk factors which may limit effective use.
- Potential reasons for non-effective use or abandonment of a powered mobility device, relating to the consumer's disability and the intended use of the powered mobility device.
- Strategies to promote effective use, minimise risk, and prevent abandonment.

The presentation is aimed at prescribers of powered mobility devices, including occupational therapists, physiotherapists, and rehabilitation engineers.

Controlling my home: a story of a consumers' introduction to home automation

Kati Bulgarelli
Friday 10 November, Hall B, 12.35pm

With the changes in funding for assistive technology (AT), our clients have the opportunity to look beyond the traditionally funded pieces of AT and investigate new technologies that will enable them to live the life they want. For Gary, this meant investigating the possibilities of home automation.

Historically, home automation has commonly been associated with high end mansions and smart homes, with its implementation aiming to reduce costs to the home owner as it controls lighting and temperature. However, many more aspects of the home can be controlled with home automation and as such, this provides us with the opportunity to improve a person's ability to control their entire environment, as opposed to being limited to infrared signals within a room.

This presentation will introduce you to Gary and his story, including his immersion into the world of automation, and the benefit that this has had on his life.

It's not just about weight

Tracey-lee Maginnity
Friday 10 November, Rooms 1 & 2, 11.25am

The lighter the wheelchair the better...right? Unfortunately not always...

With manufacturers racing to produce lighter wheelchair frames, and the increased availability of carbon fibre chairs on the market, it is important to understand how and why these chairs are manufactured. What are the different ways of manufacturing Carbon fibre frames, does this even matter? Why? What evidence has driven the development of lighter chairs?

The actual frame weight is only part of the clinical justification when selecting a lightweight base. The configuration, options of adjustability and choices made at the prescription will impact on not only the chairs weight but the efficiency and functionality for the end user. What evidence do we need to consider in the clinical

reasoning process? How can we make or support people to make informed decisions around selection and set up of ultralight wheelchairs.

This workshop will work through the evidence and identification of both clinical and goal driven equipment parameters of ultralight weight wheelchair selection. Knowledge gained in this workshop will assist in prescription configuration and decision making that promotes best practice and functional outcomes for the end user.

From 5 wheelchairs down to 1: The journey of a woman with MS to find AT to meet her needs

Jennifer Poppe
Friday 10 November, Rooms 1 & 2, 12.00pm

This short presentation explores the challenges of finding assistive technology to truly meet a person's unique needs and lifestyle and how health professionals can help along this journey.

It follows the case of a woman who used five different wheelchairs to move around in different places. She and her husband were frustrated that they had to store, maintain and transport all of these wheelchairs just so they could do what was meaningful to them!

With support from a LifeTec occupational therapist, this woman was able to reduce to one high-quality wheelchair with power-assist which better suited her lifestyle and her budget.

Review of add-on and power-assist devices

Samuel Baker
Friday 10 November, Rooms 1 & 2, 12.20pm

The Assistive Technology Industry currently offers an unprecedented number of add-on and power-assist options for manual wheelchair users. Whether you are seeking to improve community access, protect your shoulders, or simply bridge the gap between manual and power, there are plenty of options to consider.

Please allow me to provide an industry-wide overview of the products currently available, with plenty of pointers along the way on fit, form and function.

Discussions are encouraged at the end of the presentation, so bring along any queries you may have as your questions will likely benefit others.

iPads for AAC: Exploring options and achieving communication success!

Amanda Hartmann
Friday 10 November, Rooms 4 & 5, 11.25am

Never before has Augmentative and Alternative Communication (AAC) been more readily available for people with communication impairments. Anyone can buy an iPad and an AAC app and get started communicating! But with over 400 AAC apps in the iTunes store, how do we hunt and find the ones that will best suit the communication needs of an AAC learner?

This presentation will discuss the benefits and challenges we face when using an iPad to set up an AAC system. We will discuss the typical questions you can ask and consider when contemplating which iPad App might be best and how the different features of each app can help in your decision making process.

We will also take a brief look at some of the key AAC apps commonly used around Australia. We will consider different types of AAC apps, from text-based apps to those supported with symbols, and those with a robust core word vocabulary. By looking at the different features of some of these apps, we will highlight strengths and weaknesses in AAC Apps.

Access options for the iPad is another crucial area to consider, so this will also be covered in this presentation. We will look at Switch control and other equipment that may support an AAC user to access an iPad.

And finally, regardless of the AAC system that is chosen for the iPad, there are important strategies that always must be implemented to support successful communication for an AAC user.

Telerehabiltiation - measuring from a distance

Shailendra Maharaj, Peter Slattery, Stephanie Fountain
Friday 10 November, Rooms 6 & 7, 11.25am

Background:

A project instigated after the loss of on-site access to specialist rehabilitation engineering services and then expanded so that such services can be accessible to the Children's Hospital in Brisbane as well as rural and remote areas.

Objectives:

To describe the development of telerehabilitation in the management of seating issues for patients/clients at Lady Cilento Children's Hospital, as well as in rural and remote areas.

Summary of content:

Advances in telehealth technologies and their increased levels of adoption within health services have improved access to specialised healthcare. A remote mode of service delivery for custom seating was required in order to minimise patients commuting between hospital and specialist seating facilities, thereby alleviating safety, logistical and cost implications. A project to develop and implement a telerehabilitation remote service framework was undertaken with the aim of using real-time, interactive videoconferencing technology to replace face-to-face consultation where appropriate. This presentation will detail the developed framework for telerehabilitation seating assessments, including patient screening, decision making for patient flow, assessment protocols and evaluation processes. Results from pilot evaluation and implications for further development and roll-out of the framework will be discussed.

Implications and Recommendations for current clinical practice: The use of telerehabilitation (Videoconferencing) to limit travel of patients (inpatients and outpatients) to Rehabilitation Engineering Centre for seating services.

Future Directions: Further utility of videoconferencing when addressing seating issues throughout the state.

Using clinical reasoning to prescribe assistive technology

Christine Leech
Friday 10 November, Rooms 6 & 7, 11.43am

Queensland's Spinal Outreach Team (SPOT) is a transdisciplinary state-wide service. SPOT supports people with a spinal cord injury (SCI), their significant others and their treating health professionals, through the provision of client focussed consultancy, early intervention and education.

People with SCI often have complex needs. Scripting assistive technology (AT) such as pressure redistribution mattresses, cushions, mobile shower commodes, and wheelchairs requires complex clinical reasoning to ensure factors such as skin integrity, mobility, sensation and transfers are considered. How does a health professional know what to look for, and how to tie these factors together to select the right AT? To assist with this clinical reasoning, SPOT has developed resources, including assessment tools, which aim is to assist the client's local health professionals with their clinical reasoning, and provide a framework to:

1. assess a client's AT needs, based on the International Classification of Functioning, Disability and health (ICF) model. This biopsychosocial model explores an individual's functioning and disability (body function and structures, activity, participation) and contextual factors (environmental and personal factors)
2. select appropriate AT for trial and guide its evaluation
3. select and prescribe complex and highly customised AT.

While these resources have been developed specifically for use with people with a SCI, they are also useful for health professionals working with people with other neurological conditions.

This presentation will focus on SPOT resources that assist clinicians with their clinical reasoning to aid in the selection and prescription of AT, and provides information on how to access these resources.

The future of training - responsibility or opportunity?

Lisa-Marie Arthur, Agnieszka Kuna
Friday 10 November, Rooms 6 & 7, 12.01pm

The Department for Communities and Social Inclusion (DCSI) provides a state-wide assistive technology (AT) program for its clients. Specialist clinical services assess each client's AT needs, before the Domiciliary Equipment Service (DES) manages the supply of equipment and home modifications.

There are risks for both the end user and the funding scheme from poor AT selection and provision. People may be injured, or abandon their AT, or may need re-assessment. Ensuring that clinicians, who assist people to select the appropriate AT, are appropriately skilled, training is a critical component to a safe and cost effective AT program.

DCSI has funded an AT training program to support clinicians who are working with its clients. Clinicians from DCSI, Health and non-government organisations have accessed this comprehensive program focussed on higher risk AT areas such as manual and powered wheelchairs,

complex seating, pressure management, bariatric equipment, communication and access technology and home modifications.

As funding shifts from the various state programs to the NDIS, whose responsibility will it be to ensure assessors hold an appropriate level of skills and knowledge in AT? Rather than just focus on the costs of training, what are the opportunities?

Some NDIS participants will be eager to gain knowledge for themselves through training. New technologies will emerge where no one currently holds technical experience or skills in their provision. An agency or clinician can demonstrate themselves to be a "provider of choice" in the area of AT if they have invested the time and resources in training.

AT – is it everyone's business? Building capability in the AT sector

Zoë du Cann
Friday 10 November, Rooms 6 & 7, 12.19pm

Assistive technologies (AT) offer enormous potential for enabling participation. However many opportunities may be missed where people lack confidence and capability in co-designing AT solutions. How might various stakeholders address the challenge of increasing people's capacity to make informed choices on AT selection and use?

This presentation offers a range of perspectives, exploring the various roles and opportunities across the AT sector which offer support to the process of capability building. Concepts that require consideration are the AT complexity framework, and the support requirements that consumers may have at varying levels of complexity of their situation. Good process will require us all to address risks and missed opportunities, and provide timely responses to these challenges. Service providers play a valued role in increasing awareness of the possibilities offered by AT, and will need to adopt approaches which reduce information asymmetries. The provision of training at various levels will be critical to support a good AT process. Finally, perspectives will be shared regarding the support required by consumers and people who use AT, to address their own present and future needs.

ARATA's 'Assistive Technology Practitioner Credentialing Directory website' development

Rachael Schmidt
Friday 10 November, Rooms 6 & 7, 12.37pm

Background:

In 2016, nine members of ARATA (Australian Rehabilitation and Assistive Technology Association) formed a ATP Credentialing group to address national assistive technology practitioner quality. Their primary goal is developing a national directory of assistive technology practitioners (ATP) aligned to NDIS requirement for person-centred access to quality service providers with sound assistive technology experience.

The ARATA Credentialing group is a multi-disciplinary team (including nursing, occupational therapy, physiotherapy, rehabilitation engineering, speech pathology and vendors). As such they employ a person-centred multi-disciplinary approach.

The ATP Credentialing group has identified a three staged process: an ATP Credentialing Directory prototype development; to underpin an electronic ATP website for data collection and dispersal that aligns ATP Credentialing with graded/assessable professional and technical educational/training achievement, in partnership with external educational programs.

The ATP Credentialing Directory prototype is designed to systemize self-described participant (ATP) data collection (according to NDIS Assistive Technologies categories). Its ambitious aim is to collect ATP data from wide ranging AT consumers, including: clinical and technical practitioners who prescribe, vendor/suppliers who provide services and expert consumers/care providers who consume assistive technologies (AT) daily. ATP Directory aims to describe services, supports and technologies for AT consumers seeking best practice ATP as providers, mentors and peer consumers aimed at enabling personal participation.

Take control, your ride, your world, your way – No two people are the same

Ilona Wiemann
Friday 10 November, *See It Live* Stage, 11.25am

Powerchair provision is a complex process. When choosing a powerchair, it should always start with the needs of the individual and it is important to remember that no two people are the same. When assessing patients for powered mobility physical differences for seating, function, and performance are still prominent factors to be addressed. A holistic, user-centred approach to the assessment process, to establish a complete picture of the individual's clinical needs, will also include identity and emotional needs.

New technology for powered wheelchairs enables users to achieve lifestyle goals, it allows a control set-up configuration to change and to be managed adequately by the clinician easily. Configurability of wheelchair controls and the integration of up-to-date technology make powerchairs more socially acceptable.

As technology evolves, so do the challenges faced by the clinicians to keep up with the latest. My phone is set-up in a way I get the most out of it. Arrangements and groupings of Apps are likely different to anyone else's phone. So, what if we can achieve the same flexibility for powerchair users? What if functions of a powerchair are no longer tied to dedicated profiles (e.g. tilt in seating, mouse mover in connectivity, …). What if you can mix and match based on the user requirements? "I can get quickly to my tilt as I have this function at the top of the list for every profile." "I have my home PC set-up in my home profile and my school PC in a different one."

Making mattress selection easy for good clinical outcomes

Kay Rose
Friday 10 November, *See It Live* Stage, 12.00pm

Pressure Injuries (PIs) are recognised as largely preventable, adverse events and yet they continue to be a significant drain on our healthcare resources. With the plethora of choice in therapeutic surfaces available today, it is increasingly more challenging to choose the correct equipment for the desired outcomes.

This presentation intends to provide simple, evidence-based guidelines to assist in equipment evaluation, mattress and therapeutic surface selection, and surface suitability for different patient types, environments, and clinical outcomes.

Learning outcomes:

- The ability to distinguish between static, dynamic and hybrid mattress systems
- An understanding of features to look for and evaluate in mattress selection
- An understanding of which therapeutic surface is best suited to which patient
- The ability to make informed decisions regarding mattress selection for specific clinical outcomes

Beyond my wildest dreams – A journey in communication

Jessica Kelly, Penny Jameson
Friday 10 November, *See It Live* Stage, 12.50pm

This presentation is about Jessica and Penny's journey in communication, with Jessica starting out using a dedicated communication device from primary school with Penny as her teacher aide. Penny and Jessica will share the story of this journey through to the present; navigating the challenges of changing wheelchair, mounting, staff changes and times when the device was sent for repairs.

Jessica will demonstrate how she uses her Accent 45 device to speak, with more about access to email, social media, direct care staff and setting reminders using a sequenced MAP by step scanning with a switch mounted to the headrest.

Jessica shares her motivation to communicate and talks about the independence that a device has given her, living by the motto of believing all things are possible and never giving up.

Who's cooking? Virtual reality and home cooked meals

Stewart Koplick, Chris Beaumont
Friday 10 November, *See It Live* Stage, 1.20pm

Inevitable tasks such as folding the clothes, taking out the rubbish, or something more enjoyable like drinking a long black or catching the train with friends are generally dependent on a person's physical and/or intellectual ability. Assistive technology, in the form of physical devices, offer support in order to complete numerous tasks, yet the advent of virtual reality and virtual learning environments provide further opportunity for people to learn and practice tasks before the need to undertake them in real life. By utilising smart technology and hardware such as Oculus Rift, Samsung Gear, HTC Vive and adapting real world scenarios in 360 degree camera-like

views, people who have never accessed an ATM before can now practice the process virtually until they are confident to use an ATM down at their local grocer. The use of hand controllers now also allows people to grab, push, turn and place items virtually, thus experiencing the opportunity to make a cup of coffee or to cook a meal, ensuring that activities are carried out in a safe, supportive environment before learning is transferred to real life.

Smart and assistive technologies herald new and cutting edge development and delivery in service provision. This presentation seeks to demonstrate virtual learning environments, including catching a train, using an ATM and accessing a virtual kitchen. The presentation will also highlight learning supports to assist with task development and how such environments are now foundational to the future design of service provision.

Addressing complex spinal deformities with a continuous postural management approach in sitting

Joana Santiago
Friday 10 November, Hall B, 2.10pm

A rigid back support is often recommended to provide back support for wheelchair occupants with spinal cord and other neurological injuries and disorders. However, rigid back supports are often not user-adjustable and are based on measurements collected during an evaluation for a wheelchair (Crytzer, 2016), thus, may not accommodate those with postural deformities such as neuro-muscular scoliosis, bony deformity and/or scar tissue from scoliosis surgery or extreme lumbar lordosis or thoracic kyphosis (Alm, 2003).

Dealing with complex postural needs may require applying intimate surface contact to areas of the body which are contoured (Waugh, 2013). Contoured seating conforms to the shape of the body, allowing for more contact with the seating surface and providing increased support and control, especially for those with complex deformities. There are several advantages as it addresses clinical objectives better than planar contoured seating; it has greater surface area contact which creates increased stability, alignment, and skin protection and it's easy to maintain (Waugh, 2013). Its disadvantages are also documented. Cook and Hussey (2002) underpins its limited ability to allow for growth of the individual, difficulty with transfers and its lack of dynamic properties as the individual is held in a fixed posture.

Individuals with complex spinal deformities may experience progressing changes of their seating posture as a direct or indirect consequence of a disease. In both cases, biological or skeletal changes may arise along the process that if not addressed may become progressive and tending to reinforce deviations and asymmetrical postures.

Delivering customisable solutions, capable of meeting current body presentations as well as being readjusted to meet clients postural changes over time, is then absolutely vital! Not just to reassure the seating intervention goals but also to comply with funding sources who require seating systems to last for years.

This session will cover the biomechanics behind complex spinal deformities, analyse the pros and cons of custom contoured seating and outline adjustable, sustainable and flexible methods of delivering a continuous postural solution throughout the process.

Problem solving common trunk support needs

Peter Slattery
Friday 10 November, Hall B, 2.50pm

This interactive workshop is aimed at getting people to break down how to support different common trunk postures so you can match the right technology to your client's needs.

Topics will include:

- Basic introduction to problem solving strategies and how to apply in seating
- Identifying sources of body loads in different postures
- Approaching problems in different ways to simplify the solutions

Participants should leave this workshop with a few basic concepts from engineering that will help them navigate the sometimes confusing world of selecting backrests for their clients.

But I go home at 4.30: How can I do therapy at night? An exploration of a therapeutic 24 hour postural care approach.

Gretchen Skorzewski
Friday 10 November, Hall B, 3.10pm

24 Hour Postural Care encompasses caring for and supporting the body, 24 hours per day. Historically, therapy for postural care has focused on daytime interventions including seating and wheelchairs, standers

and hands on therapy and movement. Support of the body at nighttime has been seen as difficult to "sell" to clients and families, poorly supported by research or at the very least, a low priority.

Daytime positioning aims to enhance function, comfort and protection of the body. Nighttime positioning is as equally or more important for comfort, postural protection and sleep.

Sleep is of primary importance to the cognitive and social wellbeing of all people. People with cerebral palsy, for example, are more likely to experience daytime drowsiness, nighttime wakings and have difficulty settling to sleep. The effect of this is reduced memory, cognitive function and concentration. In addition, an individual's poor quality sleep impacts their primary carers' quality of life. The impacts on carers include increased rates of depression and effects on cognition and memory function.

Research suggests that one of the factors affecting sleep of people with movement disorders is poor posture overnight, leading to pain, increased tone and pressure issues and has the possible long term consequences of postural changes and subsequent health issues.

This paper aims to provide an overview of nighttime postural care assessment and intervention options for therapists working with children and adults with physical disabilities. There will be a discussion of some of the sleep support systems that are currently commercially available. Common issues encountered by clinicians in the area of sleep support will be identified and explored through relevant case studies, including temperature control, respiration and pain.

The importance of empowerment, education and ongoing support of primary carers and establishment of a collaborative approach to intervention, is key to the success of nighttime postural care. An overview of a range of methods used to enhance this vital partnership will be presented.

Power seat functions for function: What is reasonable?

Magdalena Love
Friday 10 November, Rooms 1 & 2, 2.10pm

What are the functional benefits of standing? Why bother with anterior tilt? Does my client even have a functional need for a seat lift or recline? This course aims to present the functional benefits for some for the less commonly prescribed seat functions. With the advent of new funding schemes – it is critical for therapists to be able to determine what features are unnecessary versus those that have the potential to increase independence and improve a client's quality of life. A review of the evidence for power seat functions will be provided, along with case studies that highlight functional benefits achieved through each feature. Methods to justify additional components to funding sources will be reviewed. Additionally, this course will discuss emerging technology that has the potential to improve utilisation of power seat functions and client outcomes though a smartphone app.

By the end of the presentation, participants will be able to:

1. Differentiate at least one benefit and potential drawback of each discussed power seat function.
2. Describe three potential medical or functional benefits differentiating a tilt and recline system versus a tilt only system.
3. Describe two ways how various power seat functions are used in everyday life.
4. Identify two functional benefits of anterior tilt for increased functional independence.

How to choose 'the best' electronic assistive technology

Tracey Bode, Karen Muscat
Friday 10 November, Rooms 4 & 5, 2.10pm

Electronic devices can assist in many activities for example communication, education, independence and in relationships and social life. With the wide range of specialised devices available it can be daunting to know where to start. In our new era of "choice and control" it is important that the choice is informed so that funds are spent responsibly and the selected device performs as required to meet the specified goals. Parents of children with disabilities and individuals needing this equipment can gain confidence by understanding the processes underpinning equipment selection. Therapists and clinicians are no longer the gate-keepers, but we all still need evidence, goals and reasoning to support equipment submissions.

In this workshop we will revisit the foundation principles of an assistive technology assessment, using the framework Matching Person to Technology by Marcia Sherer. It will focus on electronic devices such as tablets, communication devices and their associated accessing devices such as switches, eye-gaze and mouse emulators.

With the PERSON and their GOALS we can work as a team to ensure the features, preferences and needs of the

individual are matched to the most suitable device/s. In this workshop we will present the framework Matching Person to Technology and our simplified format in a series of interactive case studies. We will outline 10 Steps towards an effective trial of electronic assistive technology which highlights the preparation and planning phases in the evaluation process, and the importance of goal-setting so you know whether a trial has been successful. This workshop aims to provide a framework for choosing "the best" technology for an individual.

Ceiling hoists - Let's raise the requirements to the ceiling

Agnieszka Kuna, Lisa-Marie Arthur
Friday 10 November, Rooms 6 & 7, 2.10pm

The Domiciliary Equipment Service (DES) is a business unit of the Department for Communities and Social Inclusion (DCSI). DES provides assistive technology (AT) for its service users, including participants in the National Disability Insurance Scheme and South Australia's jurisdictional AT programs.

Historically, in SA the provision of ceiling hoists has been limited, with mobile hoists supplied where possible. DES anticipates that over time the rate of provision will increase due to availability of new technologies, consideration of manual task practices, efficiencies for users with potential to reduce costs of supports, and the increased willingness for funders to invest in such AT.

Coupled with these assumptions, DES has identified risks surrounding the installation of ceiling hoists, with a number of incidents recorded with regard to these. Aside from the risk for users and costs associated with revision of ceiling hoists, changing housing construction practices must also be considered.

Until now, DES and other providers have treated ceiling hoists as equipment items, and consequently they have not had the same level of checks and balances as with other home modifications. In contrast, AT such as door openers have been treated as home modifications.

All of these factors combined have prompted DES to review practices to ensure a streamlined approach is in place that mitigates the associated risks. The presenters will discuss the many questions uncovered by the review and how SA proposes to address these. Considerations regarding responsibility, ownership, legislation, and maintaining a quality service all form part of this review.

ArjoHuntleigh Assistive Solutions

Michael Kipritidis
Friday 10 November, Rooms 6 & 7, 2.30pm

ArjoHuntleigh is passionate about preventative care and providing safe solutions to meet the physical and psychological needs of patients/residents and staffs; and a better return-on-investment for care facilities. We also provide results-guaranteed strategic advice and rental offerings, technical service and assessments.

Our solutions aim at actively preventing some of the most common healthcare-related incidents, such as patient/resident and staff injuries, manual handling injuries and patient falls. We work closely with our community partners and those involved in day-to-day care to help deliver the highest standard of care, by putting people first.

Positive Eight visualizes the potential positive effects for both the carer and patient/resident arising from investment in improved patient handling. It identifies three prerequisites that must be in place to stimulate mobility:

- Sufficient space to allow for use of proper aids and correct working technique;
- Provision of proper aids to support the functional mobility of the patient/resident;
- Application of nursing best practice through correct ergonomic working techniques.

Mobility Gallery is an assessment and communication tool based on five different levels of functional mobility; from completely mobile and independent residents/patients, to those who are entirely bedridden – named in alphabetic order from Albert to Emma. Stimulating mobility and ultimately respecting passivity is crucial from a quality of care perspective. This tool may be used to monitor specific requirements and preconditions for such care. Combined with a policy for a safe work place (training, equipment and environmental conditions), the health of carer is ensured as well, in order to provide optimum care.

Help make my Home Accessible... YESTERDAY

Tracey-lee Maginnity
Friday 10 November, Rooms 6 & 7, 2.55pm

Independent access in the home often requires significant permanent and costly structural changes. Are there alternatives....Not everyone wants to change their home, what if your renting and need to change residence in near future, what if you are waiting for funding or construction to commence, what if you share your time between multiple residences? What other options could you consider? This workshop looks at some of the interim and alternative options to make your bathroom accessible and to maximise independence in a non-modified bathroom.

This workshop looks at a variety of assistive technology solutions and considerations for their use, from basic bath boards to slider commode systems. Short term and long term potential solutions will be discussed from a client centred and cost effective approach.

ATQ

Using assistive technology to participATe

Assistive Technology Queensland Conference and Exhibition 2017