

PLUS: UNITED STATES MILITARY SECTION



EXCEPTIONAL PARENT
MAGAZINE

JULY 2023
\$14.95

INSIDE:

TENNIS *for*
EVERYBODY

PLUS:

ADAPTIVE TIPS
for BLIND
and VISUALLY
IMPAIRED
TRAVELERS

ADAPTIVE SPORTS & RECREATION:

A TRUE HERO: DAN ENOSSEN

ALSO:

ADAPTIVE
SCUBA DIVING *for*
CHILDREN WITH
DISABILITIES

PLAYGROUND RETROFITS:

CREATING
OPPORTUNITIES
for ADAPTIVE
RECREATION





Exceptional parents deserve exceptional financial advice

Only a **Chartered Special Needs Consultant® (ChSNC®)** has the know-how to meet the unique financial and life planning challenges faced by children with special needs and their caregivers.

Caring for a child with special needs means looking at finances differently. You need a partner who understands how to prepare you not just for your own future, but for your loved ones as well.

A ChSNC® designation from The American College of Financial Services means knowing how to navigate all of life's challenges—governmental support, long-term caregiving, estate planning, disability advocacy, and more.

Visit **TheAmericanCollege.edu/ChSNC** or call an Admissions Advisor at **866-749-5609**

ChSNC®
CHARTERED SPECIAL
NEEDS CONSULTANT



THE
**AMERICAN
COLLEGE**
OF FINANCIAL SERVICES®

CONTENTS

JULY 2023 VOLUME 53 ISSUE 7



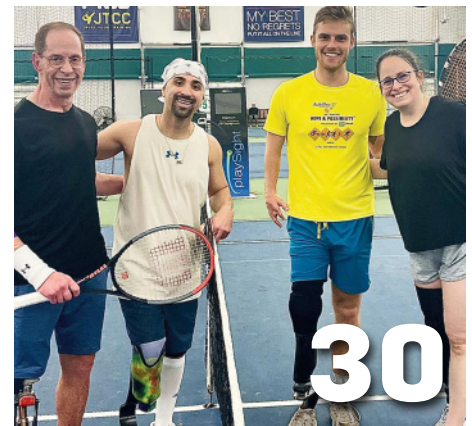
ADAPTIVE SPORTS AND RECREATION

- 11 EVERYONE CAN BE AN ATHLETE**
By Aviva Gans, PT MS
- COVER STORY**
- 14 SETTING GOALS AND OVERCOMING OBSTACLES – DAN CROSSEN: A TRUE HERO**
Interview by Faye Simon
- 22 BENEFITS OF ADAPTIVE SCUBA DIVING FOR CHILDREN WITH DISABILITIES**
By Jim Elliot
- 26 ADAPTIVE TIPS FOR BLIND AND VISUALLY IMPAIRED TRAVELERS**
By Virginia A. Jacko
- 28 CREATING OPPORTUNITIES FOR ADAPTIVE RECREATION**
By Jill Moore
- 30 TENNIS FOR EVERYBODY**
By Karl Lee and Gabby Hesse



FEATURES

- 35 DISABILITY RIGHTS AND HEALTHCARE: HOW FAR WE'VE COME... AND HOW FAR WE STILL NEED TO GO**
By Lauren Agoratus, MA
- 39 SUMMER SAFETY: DON'T GET BUGGED BY FLEAS AND TICKS**
By Priya Soni, MD
- 40 ABLE ACCOUNTS: A FINANCIAL TOOL FOR INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES TO SAVE FOR THE FUTURE**
By Sara Hart Weir



ON OUR COVER

EP Magazine's Adaptive Sports and Recreation Issue proudly presents an in-depth interview with decorated Navy SEAL and seven-time Paralympic medalist Dan Cossen. Dan, a true hero and tireless advocate for the restorative benefits of adaptive sports, is a successful athlete and motivational speaker. Additional topics include adaptive tennis and scuba diving, blind and visually impaired travel, playground retrofits, and much more. Coverage begins on page 11.



CONTENTS

JULY 2023 VOLUME 53 ISSUE 7

DEPARTMENTS

THE EDITOR IN CHIEF'S DESK

4 A SPORTING CHANCE

By Faye Simon

5 WHAT'S HAPPENING

9 WHAT'S NEW

52 PRODUCTS & SERVICES

MILITARY SECTION

MILITARY LIFE

44 THE TRANSFORMATIVE POWER OF ADAPTIVE SPORTS PROGRAMS

DAN CROSSEN

46 SETTING GOALS AND OVERCOMING OBSTACLES

BOOK EXCERPT 8TH OF A SERIES

48 THE RESILIENT WARRIOR

By Nick Benas and Buzz Bryan

PUZZLES AND CAMO

50 EVERY TWO YEARS

By Shelly Huhtanen



FROM OUR FAMILIES... TO YOUR FAMILIES

MILITARY SECTION

MILITARY LIFE

44 THE TRANSFORMATIVE POWER OF ADAPTIVE SPORTS PROGRAMS

DAN CROSSEN

46 SETTING GOALS AND OVERCOMING OBSTACLES

BOOK EXCERPT 8TH OF A SERIES

48 THE RESILIENT WARRIOR

By Nick Benas and Buzz Bryan

PUZZLES AND CAMO

50 EVERY TWO YEARS

By Shelly Huhtanen



ARMY
NAVY
AIR FORCE
MARINES

EP FOR FREE!

INFORMATION, INSPIRING STORIES, AND RESOURCES ON DISABILITIES AND SPECIAL HEALTH NEEDS FROM INFANCY TO ELDERLY INCLUDING A SPECIAL MILITARY SECTION.

To subscribe to the free eMagazine or for the print magazine (\$199 per year) go to:
www.epmagazine.com

To purchase single issues (if available) contact
fsimon@epmagazine.com



EP Magazine neither endorses nor guarantees any of the products, treatments or services advertised in the magazine. We strongly recommend that readers thoroughly investigate the companies, treatments and products being considered for purchase. Where appropriate, we encourage readers to consult a physician or other credentialed health professional before use and/or purchase.

GET SOCIAL WITH EP MAGAZINE

Stay current with Exceptional Parent Magazine. New issue updates, exclusive article excerpts, and inspiring and helpful content for the special needs community.

FOLLOW US TODAY • SHARE OUR POSTS • RETWEET

FACEBOOK



facebook.com/
exceptionalparentmag

FOLLOW EP ON TWITTER



[NEW TWITTER ADDRESS] twitter.com/epmzine

INSTAGRAM



instagram.com/epmzine



**SUBSCRIBE FOR FREE
AT EPMAGAZINE.COM**



A Sporting Chance

Adaptive sports help to maintain physical health, but offer a lot of mental, emotional and social benefits too.

More and more opportunities are being created for the more than 61 million people with disabilities in the U.S. Many studies have shown that taking part in adaptive sports helps to maintain the physical health of people with disabilities, but also offers a lot of mental, emotional and social benefits as well.



EP's Adaptive Sports Issue explores several different adaptive sports and their participants. Jim Elliot does a deep dive on adaptive scuba, while Karl Lee and Gabby Hesse profile an extremely dynamic adaptive tennis program. In her article titled "Everyone Can be an Athlete," Aviva Gans PT MS says that the key to adaptation is

“Dan is a decorated Navy SEAL and a seven-time Paralympic medalist. He is a true hero and has great tips for setting goals and overcoming obstacles.”

creatively individualizing and adjusting fitness activities to match a person's health, motor, and perceptual abilities. Articles on accessible travel and retrofitting playgrounds round out our coverage.

The highlight of the issue, however, is our cover story – my in-depth interview with decorated Navy SEAL and seven-time Paralympic medalist Dan Cnossen. Dan is a true hero and a tireless advocate for overcoming obstacles as well as the restorative benefits of adaptive sports. After an IED explosion in Afghanistan took his legs, Dan's competitive spirit, positivity and sense of purpose propelled him to be an inspiring and successful para athlete. I would love to hear feedback from readers on his inspirational story – or any other article that helped you or someone you know.

In addition, this issue includes summer

flea and tick bite prevention and ABLE accounts.

EP is continually expanding our outreach to the special needs community with a substantial and growing presence on social media and increasing the number of EP for Free subscribers. I very much appreciate and

thank all of you who share our posts, articles, and EP for Free on you social media, in newsletters on your website, at events, and by word of mouth.

We encourage everyone to join us: like us on Facebook at [facebook.com/exceptionalparentmag](https://www.facebook.com/exceptionalparentmag), follow us on Twitter at twitter.com/epmzine and Instagram at [instagram.com/epmzine](https://www.instagram.com/epmzine). Share our posts

and Tweets. Let everyone know that it's easy to subscribe and receive "EP for Free" – just visit www.epmagazine.com and click EP for Free – Sign Up!

Faye Simon

Editor In Chief

THE EDITOR IN CHIEF'S DESK

Faye Simon is a certified pre-K–8 teacher with a wide range of educational experience. She has worked in deaf/blind and infant stimulation programs, taught K–2 in public schools, and was a Head Teacher and Parent Coordinator for Head Start. She is Founder and President of the volunteer-run IES Brain Research Foundation. As EP's Editor In Chief, Faye sources and edits articles, creates partnerships with businesses and not-for-profit organizations, and develops relationships with EP's writers, corporate partners, readers and staff.



Information and Support for the Special Needs Community

VOLUME 53 ISSUE 6
ESTABLISHED 1971

Publisher
Len Harac
lharac@epmagazine.com

Editor In Chief
Faye Simon
fsimon@epmagazine.com

Art Direction & Design
Leverett Cooper
lev@foxprintdesign.com

Subscriber Services
1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012
www.epmagazine.com

Customer Service/New Orders
Faye Simon fsimon@epmagazine.com
(973) 726-6218

Publishing & Editorial Office
1360 Clifton Avenue, Ste. 327
Clifton, NJ 07012



Exceptional Parent (ISSN 0046-9157) is published monthly 12 times per year including the special January EP Guide - Navigating Special Needs Resources by Exceptional Parent Magazine, 1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012 Internet address: www.epmagazine.com. All rights reserved. Copyright ©2023 by Exceptional Parent Magazine. Exceptional Parent™ is a registered trademark of Exceptional Parent Magazine. Postmaster: Please send address changes to: Exceptional Parent, 1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012. Any applicable periodical postage paid at Clifton, NJ and additional mailing offices (USPS 557-810). Basic annual subscription for EP Digital is free. Limited edition print subscription \$199.00. Subscriber Service: Direct all inquiries & address changes to: Exceptional Parent, 1360 Clifton Avenue, Ste. 327, Clifton, NJ 07012 08758. Customer Service/New Orders: E-mail: fsimon@epmagazine.com or call (973) 726-6218. Back issues incur a charge of \$17 each with shipping, (January issue \$20 when requested) and depend upon availability. Call (973) 726-6218. Agreement #1420542



WHAT'S HAPPENING

MISSISSIPPI MAN WHO WAS THE FIRST PERSON TO BE DIAGNOSED WITH AUTISM IN 1938, DIES AT 89

Donald G. Triplett, the first person to be diagnosed with autism, has died. The Mississippi man known as "Case 1" was the subject of a book titled "In a Different Key," a PBS documentary film, BBC news magazine installment and countless medical journal articles.

In 1943, at the age of 10, Donald Triplett was diagnosed with having a developmental disability called autism. Triplett, the eldest son of an affluent Forest, Mississippi family, displayed challenges with social interactions and an uncanny knack for memorization at an early age, according to the Encyclopedia Britannica, which has an entry on him. Unsure of what to do, Triplett's parents committed him to a state institution in 1937 before withdrawing him a year later, the entry states.

His groundbreaking autism diagnosis had arisen from a meticulously detailed 22-page letter his father composed when Donald was just a child. The letter was full of telling observations that his mother and father, Mary and Beamon Triplett, had made of their son's aptitudes and behavior. It was received by a Johns Hopkins researcher in Baltimore with great interest. The letter remains a primary reference document for those who study autism.

They related in detail their boy's mannerisms and life history, including that Donald could "hum and sing many tunes accurately" at the age of one, and that he would sometimes have emotional breakdowns if his activities were interfered with. These traits were included in Kanner's seminal paper, published in 1943, "Autistic disturbances of affective contact." Triplett was one of the 11 children Kanner described in that paper, in which he was referred to as "Donald T." under the heading "Case 1."

At age 9, Triplett went to live 10 miles away from his childhood home on a family farm. The couple who owned the farm had no children of their own, and they directed Triplett's energies toward well-digging and counting rows of corn as he plowed. He graduated high school and earned a bachelor's degree from Millsaps College in nearby Jackson, Mississippi. He returned to his hometown, putting his extraordinary math skills to work throughout his 65-year-long career at the Bank of Forest.

"Don was a remarkable individual," Bank of Forest CEO Allen Breland said. "And he kept things interesting. He was in his own world but, if you gave him two three-digit numbers, he could multiply them faster than you could get the answer on a calculator!"

Triplett found companionship in a morning coffee club at City Hall. He played golf, sang in a choir and traveled the world, visiting at least three dozen countries and making it to Hawaii 17 times.

Although autistic people often have certain difficulties, many also exhibit exceptional skills, such as with mathematics. These are known as savant abilities. In addition to being a mathematician, Triplett was also an avid golfer, talented musician and dedicated church parishioner.

"I've known him all my life," said his nephew OB, who was with his uncle when he died peacefully. "He was just a joy to be around. He'd bring a smile to your face every time you get around."

Triplett died of cancer at home on June 15, 2023. He was 89. He was the

longest-living person known to be autistic.



A TRUE FIRST: Donald Triplett, the first person ever diagnosed with autism, had an uncanny knack for mathematics and memorization.

KayserBetten-us
Beds & Cribs for Special Needs

KayserBetten—A Name You Can Trust
Since 1978



A complete line of beds with innovative designs and unique features.

See the difference!

1-800-574-7880

www.KayserBettenUS.com



ENDLESS POSSIBILITIES

Montclair State University's nationally recognized programs deliver superior student outcomes. Our welcoming and inclusive community empowers students from all backgrounds to realize their most ambitious dreams.

Learn more at montclair.edu/exceptional.

NEW JERSEY'S
PREMIER
PUBLIC SERVICE
UNIVERSITY



MONTCLAIR STATE
UNIVERSITY

WHAT'S HAPPENING

TURNER CLASSIC MOVIES HONORS DISABILITY PRIDE MONTH WITH SPECIAL THEME: DISABILITY RECLAIMED

Movies are often thought of as an escape from reality. At the same time, many of the screen's greatest stories are about the most real aspects of human life.

Sundays in July, TCM is offering a program devoted to this very important and surprisingly cinematic issue. Starting off this series is not only one of the best movies about disabilities, but one of the most beloved movies of the 1940s and beyond. Samuel Goldwyn's Best Picture winner, *The Best Years of Our Lives* (1946) was one of the first to show the harrowing effects of World War II on soldiers and their families. It tells the story of three veterans returning to their hometown of Boone City who are all in different states of physical and mental distress after the war. Dana Andrews plays Fred, an Army Air Forces captain who now cannot seem to find any better work than the drug store

honestly and even stopped producer Samuel Goldwyn from arranging for Russell to have any acting lessons prior to making the film. This was a rare case of a person with an actual disability playing a character with a disability. Russell deservedly won the Academy Award for Best Supporting Actor as well as an honorary award "for bringing hope and courage to his fellow veterans."

In addition to more well-known and beloved classics, this month's program will also include several lesser-known films which also shine a light on this very important issue of people living with disabilities. Also featured in this month's special programming are *Inside Moves* (1980), *Bright Road* (1953), *Deliverance* (1919), *City Lights* (1931) and *Coming Home* (1978).

Great movies have the power to bring awareness to the most important human issues like no other medium and all the films of this series and so many more perfectly demonstrate it.

Learn more about these films and *Disability Reclaimed* at www.tcm.com



NERVOUS OUT OF THE SERVICE: Novice actor Harold Russell (right), in the role that won him two Academy Awards as veteran Homer, some weeks into his return home. His girlfriend Wilma (Cathy O'Donnell) insists nothing has changed.

soda jerk job he had before he left for the war. He is also having troubles with his entitled wife (Virginia Mayo). Army sergeant Al Stephenson (Frederic March in his second Oscar winning performance) has tried to return to his normal life as a banker but is now turning to alcohol at the distress of his devoted wife (the great Myrna Loy in perhaps her most well remembered performance).

Then there is 2nd class petty officer Homer Parrish (played by real life war veteran Harold Russell) who is returning home without his hands. Though Homer's childhood sweetheart Wilma (Cathy O'Donnell) still loves him, he doesn't know if he can adjust to this new way of life. Harold Russell actually lost his hands during the war while handling an explosive which accidentally detonated in his hands. Director William Wyler hired Russell because he wanted a true veteran who could play this very important role

Colvent Group Property Management & Vehicle Solutions



Colvent Group Inc. provides property services for fiduciaries. We specialize in nationwide property management, vehicle purchasing and insurance procurement.

Our services span all 50 states. We have forged partnerships with local, licensed, insured contractors and dealers to ensure that vehicles and homes are purchased, repaired and maintained with excellence. Our standard in applying root-cause problem-solving techniques is the cornerstone of our company as we ensure that home, vehicle and client requirements are well defined.

HomWize
A Colvent Group Service

- ✓ ADA Compliance
- ✓ Construction Services
- ✓ Plumbing, HVAC, Electrical
- ✓ 24/7 Emergency Call Center

CleaView
A Colvent Group Service

- ✓ Annual Inspections
- ✓ Full Property Inspections
- ✓ 3-year Property Valuations
- ✓ Pre-Purchase Home Due Diligence

**Colvent Group
Vehicle Services**

- ✓ Purchasing Solutions
- ✓ Leinholder Compliance
- ✓ Insurance Premium Foresight
- ✓ Nationwide Insurance Underwriting

Connect with us



866.833.7811

homes@colventgroup.com

www.colventgroup.com

WHAT'S HAPPENING

AAP TO CREATE CENTER FOR A SYSTEM OF SERVICES FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The Health Resources and Services Administration's Maternal and Child Health Bureau has awarded the American Academy of Pediatrics (AAP) a \$7.5 million cooperative agreement to form a new national center for a system of services for children and youth with special health care needs.

With the five-year cooperative agreement, the AAP will establish a National Center Consortium (NCC) with Boston University, Family Voices, and The National Alliance to Advance Adolescent Health. The goal of the collaboration is to provide better care for more children and youth with special health care needs by supporting the implementation of the MCHB Blueprint for Change: Guiding Principles for a System of Services for CYSHCN. The project will start in July.

According to the 2020-2021 National Survey of Children's Health (NSCH), only 13.7% of children with special health care needs receive care in a well-functioning system. The Maternal and Child Health Bureau identified structural racism, ableism, complicated and siloed service systems, and weak links between clinical and non-clinical supports as some of the reasons. One of the goals of the NCC will be to assist state Title V Programs for Children with Special Needs and various stakeholders who serve children and youth with special needs and their families. Strategies will be implemented in four critical areas: health equity; financing of services; well-being and quality of life; and access to services to improve the cross-sector systems serving this population.

"The AAP is thrilled to receive this new award," said AAP President Sandy Chung, MD, MPH, FAAP. "Through this new



CULTIVATING CARE: The long-standing systemic barriers that face children and youth with special health care needs underscore the need to advance the system of services.

National Center, the AAP and its partners will work across the intersections of the four critical areas of the Blueprint for Change to drive innovation and change to advance and strengthen the system of services for children and youth with special

"According to the 2020-2021 National Survey of Children's Health, only 13.7% of children with special health care needs receive care in a well-functioning system."

health care needs and their families."

To advance the system of services, the NCC will develop an implementation roadmap based on the MCHB Blueprint for Change: Guiding Principles for CYSHCN that identifies actionable steps at the research, practice, and policy levels for sectors serving CYSHCN and their families across their lifespan. The target audience includes state Title V programs, families, pediatricians, child health clinicians, education professionals, early childhood and

adolescent experts, mental and behavioral health professionals, community-based organizations, payers, health systems, and policymakers.

The systemic barriers facing children and youth with special health care needs and their families are long-standing and underscore the need for new approaches to advance the system of services. The AAP and its partners are committed to transforming and improving the systems of services for CYSHCN and their families through the NCC and subsequent national center.

ABOUT THE AMERICAN ACADEMY OF PEDIATRICS

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN™



The American Academy of Pediatrics is an organization of 67,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. For more information, visit www.aap.org or follow on Twitter @AmerAcadPeds

WHAT'S NEW

SUMMER FUN



BABY DINOSAUR RESCUE

The dinosaurs need your help! The big volcano is about to erupt, and all of the dinosaurs need to get to the island before the lava fills the valley. Work together to move all of the dinosaurs through the valley and onto the island. In this cooperative game, kids ages 4+ will work together to move all the dinosaurs across the board and onto the islands. Players use one of their cards to move a dinosaur onto a matching space on the board. The dinosaurs don't share spaces, so players can get the dinosaurs really moving by playing the same item card twice and jumping over other dinosaurs! Mixed into

the item cards are lava cards and when a player draws a lava card the lava moves one space closer to the valley. Players must get all the dinosaurs onto the island before the lava token reaches the bottom of the volcano. The bright and colorful image-based gameplay makes Baby Dinosaur Rescue easy to learn and fun to play! Once players know the rules there is no reading required which makes this a fun way for kids to use basic strategy skills and reduces competition by having the players work together to beat the game.

JUMPING HIGH FIVE
www.jumpinghighfive.com



GINORMOUS UNICORN YARD SPRINKLER

Take your summer game to the next level with the Ginormous 6-foot tall Unicorn Yard Sprinkler. An inflatable sprinkler is a fun and safe way for the whole family to cool off in summer from the comfort of your backyard. Hours of outdoor summertime fun are just minutes away! This fun unicorn sprinkler is easy to use! Simply connect it to any regular-sized garden hose. It's easy to set up, take down, and stores nicely in a 18" x 3" x 15" box.

BIGMOUTH INC.
www.bigmouthinc.com



NORMAL IS A MYTH BEACH TOWEL

Stop worrying and just be yourself because no one is normal! Inspired by Sammi Haney and Netflix' *Raising Dion*, this super-absorbent beach towel features the Loch Ness Monster and is 30"x60." It's made of the highest quality terry fabric and will spread awareness, acceptance, and love for the disability community at the beach or pool.

SAMMI HANEY'S DISABILITY SHIRTS
www.disabilityshirts.com

STACOOOL COOLING VEST

Every child should have the ability to go outside and play. If your child's physical activity has been limited by a heat-sensitive medical condition, the Stacool child's cooling vest can help get her back on the playground. The StaCool Child Vest has been designed to fit the smaller body and meet the special needs of a child. This vest uses high-quality mate-



rial and four easily replaceable ThermoPaks to cool little bodies comfortably. From adventures with mom and dad to everyday play with friends and classmates, this is the ideal garment. With adjustable Velcro™ shoulders and a side zipper, tiny hands can get the cooling vest on and off quickly and easily. Two pockets in front and two in the back hold a total of four ThermoPaks. StaCool Child Vests come with two sets of ThermoPaks (four packs per set), so children have spare packs to extend cooling times.

STACOOOL VEST
www.stacoolvest.com



Special needs require *Special Care.*

When you're ready, we're here to help. MassMutual's SpecialCare program provides access to information, specialists and financial products and services to help families facing the financial responsibilities of raising a child with a disability or other special needs. To learn more about how a financial professional can help your family, visit [MassMutual.com/SpecialCare](https://www.massmutual.com/SpecialCare).

Insurance. Retirement. Planning.

∴ MassMutual
SpecialCareSM

Massachusetts Mutual Life Insurance Company (MassMutual[®]), Springfield, MA 01111-0001. Insurance products issued by Massachusetts Mutual Life Insurance Company (MassMutual), Springfield, MA 01111, and its affiliated US insurance companies. Securities and investment advisory services offered through MML Investors Services, LLC, Member SIPC[®] and a MassMutual subsidiary. ©2023 Massachusetts Mutual Life Insurance Company (MassMutual[®]), Springfield, MA 01111-0001. All rights reserved. www.massmutual.com.

SC117 1222

MM202512-303748

Everyone Can Be an Athlete

BY AVIVA GANS, PT MS

The US Centers for Disease Control says that “Regular physical activity is one of the most important things you can do for your health.”

Exercise recommendations are for everyone. But differently abled people may not meet the recommendations. Adapting exercise makes it possible for them to reap the benefits. It also facilitates inclusion. The key to adaptation is creatively individualizing and adjusting activities to match a person’s health, motor, and perceptual abilities. The modifications should respect the person’s interests and social/emotional needs. No one has to sit on the sidelines. Everyone can be their own best athlete.

Exercise has immediate benefits for mental health. It decreases anxiety in adults. In children, it is calming and improves focus. Movement even improves learning. Long-term benefits of exercise include improved weight management, improved respiratory function, and improved heart health. Exercise increases strength, range of motion, and endurance. It may prevent some cancers and benefits bones. Exercise can improve body awareness, motor planning, coordination, and balance.

Adults and children with disabilities are often at higher risk for obesity, diabetes, and heart disease. These concerns make exercise more crucial.

How Much To Exercise For Health

Adults should do a minimum of 150 minutes of exercise each week. The recommendation for all children is one hour per day of physical activity.

For people with disabilities, meeting these goals is challenging. There are many reasons people with disabilities do not exercise enough. For some, there are safety issues. In some cases, exercise may seem too difficult. Often there are access issues. According to many parents, children with disabilities lack motivation. Adaptation addresses many of these obstacles.

Safety

Ensuring safety is the most critical feature of exercise adaptation. The individual's medical status, abilities, and the activity they choose determine the adaptation strategies. Know the disability and get clearance from a physician before exercising.

Before starting any exercise regime, it is essential to get clearance from a physician. The doctor may give guidelines. A physical or occupational therapist can lend their insights. Adaptive physical educators and specialized personal trainers can also be helpful.

Occasionally, avoiding certain activities may be necessary. For instance, some people with excessive joint mobility syndromes, may have laxity of the upper neck joints. In a small fraction of these cases, the condition may result in severe neurological injury. For this reason, doctors may advise avoiding tumbling and contact sports. But adaptations make activities possible for most impairments.

Safe location and equipment: Exercising in safe spaces is crucial. A sample of environmental and spatial factors to consider is:

- For outdoor exercise, be sure the air quality is good.
- If there are issues with balance or any risk of falls, prioritize soft surfaces like: exercise mats, carpeting, grass, or wood chips
- Avoid cluttered spaces.
- Make sure all equipment is safe to use and in good condition. This is especially true of treadmills and resistive equipment. Avoid trampolines or use them with caution.
- Avoid uneven surfaces unless the athlete has sufficient balance and agility.

Important note on spotting: Where possible, do not rely on catching the athlete. Training in spotting is helpful, but not always reliable. Provide something stable to grab or have the athlete stand close to a wall. Standing in a corner works for some individuals.

Decreasing the difficulty of the exercise to minimize fall risk is a commendable strategy.

Socially/emotional safety: Be sure the athlete is comfortable with the social situation. Observers or other athletes should be supportive.

Examples

A few hypothetical cases show how adaptation can be done. The athletes described here have fairly typical impairments. They could resemble someone you know, but that is coincidental.

Kay gets moving: Kay is a friendly 15-year-old female high school student. She has low muscle tone. She has mild cognitive deficits, some auditory processing problems, and speech delays. Kay attends a public high school. She loves flowers, animals, clothes, and hip-hop music. She dislikes physical exertion. Kay is gaining weight, and her mother is concerned. Motivating Kay to exercise is a challenge.

Kay's mom speaks to Kay's PE instructor, doctor, and a physical therapist. Taking their advice, she focuses on walking. She includes Kay's best friend Bea on the walks and making the walks into a scavenger hunt. At first, they do only 15 minutes of consistent walking. Over time, Kay no longer needs the scavenger hunt or even her friend. She counts squirrels and chipmunks. She observes plants and birds. Her stamina improves. She is so fascinated with what she sees that she stops complaining and walks for at least 45 minutes.

Kay's mother aims for Kay to walk three days each week. She finds parks with hills to challenge Kay. Sometimes, they walk in town and window shop. On rainy days, they either walk in a mall or put on rain gear and walk in the rain. With her improved endurance, Kay is more spontaneously active. On days they cannot go out, she turns on music and dances.

SWITCHING IT UP : MODIFYING ACTIVITIES FOR DIFFERENTLY ABLED ATHLETES

It is best if the athlete chooses the activity and has a personal goal. Otherwise, incorporate their interests. After choosing an activity and addressing safety, it is time to implement modifications. Professionals like adaptive physical education teachers, physical therapists, occupational therapists do a formal assessment.

A sample of key information to obtain includes:

- Know and understand any precautions needed.
- Know and understand the person's physical abilities.
- Know the athlete's sensory and/or perceptual abilities.
- Know the athlete's interests and goals.
- Make sure equipment is safe to use and in good condition. This is especially true of treadmills and resistive equipment. Avoid trampolines or use them with caution.
- Know common injuries associated with the activity and how to prevent them.



Some options for adjusting exercise are:

- **Reduce the parameters of the activity:** Reduce the speed, the force, the weight, the duration, the distance, or the number of sets or repetitions
- **Change the equipment:** Change the size and weight of the equipment. Substitute large lightweight balls for small, harder or heavier ones or visa versa
- **Add assistive equipment or technology:** Use electric assist pedaling devices, standers, or electrical stimulation.



- **Change the position of the activity:** Go from standing to sitting, sitting to lying, standing far from a target to nearer or visa versa.
- **Change locomotor features:** Go from running to walking, from walking to rolling (using a wheelchair), from jumping to bouncing in place, from balancing on one foot to standing on two or the other way around.
- **Substitute another person to do parts of the activity.**
- **Change the setting:** Go from a noisy room to a quiet space, go from outdoors to indoors. Change the height, the incline, the type of surface (slippery or hard tile to resilient like carpet or mats, even or uneven, cluttered to unobstructed.)
- **Adjust activities recognizing cognitive issues:** Decrease the complexity. Decrease the number of components of a motor skill. Where safe, accept modifications in form. Make rules easier to follow.
- **When simple measures do not work, consider apps or programs to motivate the athlete.**



Em runs the track: Em is a young man in his 20s with significant visual impairments. He uses a cane on the streets. At home, he knows his way around. He is studying to become a teacher of the blind. He gets clearance from his doctor to exercise, with the advice to exercise in uncluttered places and without traffic. Em likes to run on the treadmill, but would love to run outdoors. He speaks with an adaptive PE instructor at his school. The instructor suggests starting by walking a track. Em's runner friend helps him get to the track. Initially, they walk. Over time, they jog. Em is thrilled. He would like to run full out. He decides to count steps on the straight away. He continues walking the curves. He does this over many practice sessions. Soon, he can run the straight part of the track alone. He continues walking the curve. Next, he jogs counting steps on the curve. Gradually, he increases his speed. He gets so familiar with the track that he hardly has to count. His friend can barely keep up with him.

Jay plays kickball: Jay is a vivacious 9-year-old boy with quadriplegic cerebral palsy. He uses a power wheelchair for distances. In the classroom and at home, he uses a reverse walker with large all-terrain wheels. Jay's older sister is on a recreational kick ball team. Jay loves the games and cheers her on. But, what he wants to do is play kick ball too. Before the practices, Jay starts walking the bases with his walker. Mom or Dad walks next to him.

When Jay gets around the bases reliably, Jay's dad speaks to the coach. The coach says he worked with kids with disabilities in college. Jay gets in the lineup. On Jay's turn, someone else kicks the ball. Jay scurries to first base with his walker and dad, mom, or coach at his side. The other kids applaud. The coach signals to the team on the field not to tag Jay out. The next player kicks the ball and Jay goes to second base. Eventually, Jay arrives at homeplate to a wildly cheering crowd.

Everyone Can Get Moving

These cases involved fairly complex modifications. There are easier ones. Whether seated, standing with an assistive device, or having something to grab, modified tai chi, yoga, or karate are options. Many people with motor, cognitive, or perceptual impairments enjoy making up karate moves or doing free-form dance. Just turn on their favorite music. The most important principles of adapting exercise are:

- *Ensure the activity is safe. Consult a physician and a movement professional.*
- *Be creative with activities and individualize them when possible.*
- *Ensure success. Boost self-confidence by starting with easier versions. Build up slowly.*
- *Recognize even small accomplishments with enthusiasm.*
- *Where the athlete is self-conscious, try to make the modifications inconspicuous. Give other players similar modifications.*
- *Most importantly, the activity should be enjoyable or, even better, FUN! •*

ABOUT THE AUTHOR:



Aviva Gans, PT MS is a NJ based Pediatric Physical Therapist. Aviva worked as a school-based physical therapist for 30 years and has taught at the university level. She serves as the Chair of the Pediatrics Special Interest Group of the American Physical Therapy Association of New Jersey. She is also involved with the APTA's Academy of Pediatric Physical Therapy. Her primary interests are teaching motor skills to children with learning disabilities, gross motor development, motor learning, and advocating for children, especially children with disabilities. Aviva mentors early career physical therapists, and is available to consult, or speak, with teachers, parents, and parent groups.

References

1. Center for Disease Control Division of Nutrition PAO. Benefits of Physical Exercise. Published June 16, 2022. Accessed June 18, 2023. <https://www.cdc.gov/physicalactivity/basics/pa-health/index.htm>
2. World Health Organization. Global Recommendations for Physical Activity. (World Health Organization, ed.); 2010.
3. Smith PJ, Merwin RM. The Role of Exercise in Management of Mental Health Disorders: An Integrative Review. *Annu Rev Med.* 2021;72(1):45-62. doi:10.1146/annurev-med-060619-022943
4. U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd Edition. 2018. Accessed June 18, 2023. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf
5. Liou TH, Pi-Sunyer FX, Laferrè B. Lead Review Article Physical Disability and Obesity. Published online 2005. doi:10.1301/nr.2005.oct.321-331
6. National Center on Health PA and D (NCHAD). Best Practice of Inclusive Services: The Value of Inclusion. National Center on Health, Physical Activity, and Disability (NCHAD). Accessed June 18, 2023. <https://www.nchpad.org/3411999/Best~Practice~of~Inclusive~Services~The~Value~of~Inclusion>
7. Hollis NTD, Zhang QC, Cyrus AC, Courtney-Long E, Watson K, Carroll DD. Physical activity types among US adults with mobility disability. *Behavioral Risk Factor Surveillance System.* 2017. *Disabil Health J.* 2020;13(5):100888. doi:10.1016/j.dhjo.2020.100888
8. MacEachern S, Forkert ND, Lemay JF, Dewey D. Physical Activity Participation and Barriers for Children and Adolescents with Disabilities. *Int J Disabil Dev Educ.* 2022;69(1):204-216. doi:10.1080/1034912X.2021.1952939
9. Tomlinson C, Campbell A, Hurley A, Fenton E, Heron N. Sport Preparticipation Screening for Asymptomatic Atlantoaxial Instability in Patients With Down Syndrome. *Clinical Journal of Sport Medicine.* 2020;30(4):293-295. doi:10.1097/JSM.0000000000000642
10. Meyerber M, Fraisse B, Dhalluin T, Ryckewaert A, Violas P. Trampoline injuries compared with other child activities. *Archives de Pédiatrie.* 2019;26(5):282-284. doi:10.1016/j.arcped.2019.05.008
11. Wulf G, Lewthwaite R. Optimizing performance through intrinsic motivation and attention for learning: The OPTIMAL theory of motor learning. *Psychon Bull Rev.* 2016;23(5). doi:10.3758/s13423-015-0999-9

WORKING IT OUT : RESOURCES



CENTERS FOR DISEASE CONTROL

Division of Nutrition, Physical Activity, and Obesity (2022, June 16). Benefits of Physical Exercise.

www.cdc.gov/physicalactivity/basics/pa-health/index.htm

(22 C.E., January 4). Physical Activity for People with Disabilities.

www.cdc.gov/ncbddd/disabilityandhealth/features/physical-activity-for-all.html



INTERNATIONAL
PARALYMPIC
COMMITTEE

INTERNATIONAL PARALYMPICS COMMITTEE

www.paralympic.org



NATIONAL CENTER ON HEALTH, PHYSICAL ACTIVITY AND DISABILITY (NCHPAD)

www.nchpad.org



Special Olympics

SPECIAL OLYMPICS

www.specialolympics.org



US DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of the Surgeon General, Washington, DC. Step it up!
The Surgeon General's Call to Action to Promote Walking
and Walkable Communities.

www.cdc.gov/physicalactivity/walking/call-to-action/index.htm.

"The concepts of perspective and narrowing the focus when things get really difficult, and trying to get small wins, small goals to go forward to create more psychological momentum, I think can help people."



SETTING GOALS AND OVERCOMING OBSTACLES

DAN CNOSSSEN: A TRUE HERO

INTERVIEW BY FAYE SIMON, EDITOR IN CHIEF

Dan Cnossen is a U.S. Navy SEAL Lt. Commander, 7-Time Paralympic Medalist, 3-Time Paralympian, 2022 Paralympic Gold Medalist, Best Male Athlete of the 2018 Paralympic Games, Master of Theological Studies 2018, Harvard University, Master in Public Administration 2016, Harvard University. He spoke with me recently about his inspirational journey.

Faye: Dan, Thank you for your service! I very much appreciate you agreeing to share your story and time.

Dan: Thank you. As you know, I live with a disability. I looked into EP Magazine and I'm happy to support it.

FS: Why don't you give us a summary from the beginning, and I will ask questions.

DC: I grew up in Kansas in a nice family setting, on a fifth-generation farm from the 1870s. It's been in my family ever since. As a kid, I was into sports, reading and being outside on the farm. I was drawn to reading about military, combat and war. It intrigued me, not to glorify war, but the human element. In my freshman year of high school, I wanted to go to the Naval Academy. I don't know why, but I wanted to. So, I explored options. At the Naval Academy, you can be a Marine, go on a ship or be a submariner, whereas at the other service academies, West Point and Air Force Academy, it seemed more concentrated. West Point, you go in the army. All of the things you do in the army, you can pretty much do in the Marines or at the Naval Academy. At the Naval Academy, you have ships, can fly, and have other options. I really wanted to go to the Naval Academy and had that goal. I think the theme to my story is setting goals. Sometimes these goals are long-range, many years into the future, and they're not going to be easy to achieve. But you can start to come up with a process. For me, it was clear that I needed to have good grades, demonstrate some athleticism and leadership. That's what they were looking for at the service academies. In my junior year, I started applying. You also have to apply to your representative and one or both senators in your state. I did that, and got into the Naval Academy in my senior year. I was really proud and excited to be accepted. I went to the Naval Academy in 1998, after graduating high school.

By the end of the first year of Naval Academy, I had a new goal of being selected for the SEAL program. My Naval Academy class started with around 1200, but some quit and some got booted out for not having good grades or having bad conduct. About 900 were going to graduate, and 16 were going to (BUD/S) basic underwater demolition/ SEAL training. I was hoping to be one of the 16. But I didn't really know how to swim. So, I had to orient myself in those four years towards getting in the swimming pool more often and getting more comfortable in the water. Just being selected at the

Naval Academy had no bearing on my ability to get through that training. It's very difficult. I was given a ticket to the door, but I had to get through it. It was very difficult for me, but I learned a lot: about myself, how to be a good teammate, and I grew in character. When you're challenged like that, you recover and you're stronger. I set that goal, worked hard, and I was one of 16 in my class who got to go to BUD/S. I attended USNA for four years and was selected to attend SEAL training (BUD/S) in the beginning of the final semester there.

I can't talk about the Naval Academy experience without mentioning, that during senior year, before being selected for BUD/S, 911 happened. It was clear to me, that if I was selected for SEAL training and got through it, I'd be involved in special operations that would be directly as a result of those attacks. That was a big moment. I'll never forget that day at the Naval Academy. The environment there changed. Although, I had entered during peacetime, I was thinking that combat and war were probably going to be in my future. I went to SEAL training in 2002, graduated in 2003. I started deploying as a SEAL officer in 2004. I did three deployments before I was a platoon commander in charge of a SEAL platoon. Early during that deployment, when the entirety of my platoon wasn't yet on the ground, I stepped on a buried improvised explosive device (IED) on a remote hilltop, during a night mission. The teammates around me, none of whom were seriously injured, were able to save my life and get me out of there. It was precarious. To get me off that hilltop at night, they had to get a helicopter back. The timing was down to the minute. Everything had to line up to get me onto a helicopter where there was a flight surgeon, and for that helicopter to get back to a field hospital, where I would be going through surgery. I'm told I was in a medically induced coma, and it was 50-50 whether I was going to pull through. But I did. I got better.

I eventually ended up in Washington DC, waking up in a room with my mother there. That was disorienting, because my last waking memories were being dragged onto a helicopter.

FS: When you woke up did you know about your legs?

DC: Not really, maybe subconsciously I did. When you're in a medically induced coma, people are talking in the room, and I think things are getting processed. When I woke up, I was disoriented, on a lot of painkillers and not thinking clearly. My lower body was covered with blankets. I think I kind of knew, but no one was telling me anything specific. I remember asking someone whether my legs were gone. They said yes, and I came to find they had amputated above the knees. That's even harder. I never really



READY TO LEAD: Lt. Commander Dan Clossen during his second year at the US Naval Academy in 1999; Dan was deployed multiple times to Iraq and Afghanistan and rose in rank to become the officer-in-charge of an 18-man SEAL platoon. He was awarded the Purple Heart and Bronze Star with Valor.



NEW MISSION: Dan with his mother and sister at Bethesda Naval Hospital; "I had my network of family and friends. That's an external factor that's really important. It was a combination of internal and external sources of motivation."

thought about that, whether you have knees or not. I thought about missing a leg, and that it's different if you're missing one leg above the knee, below the knee, or through the hip (which is the worst). But I'm missing both legs and both knees. That's another level of complexity entirely.

This was kind of a ground zero moment for me. I was 29 years old. I just had been a platoon commander, feeling not invincible, but very confident. We trained to go to war and then this happened. I thought the worst thing that could happen to me as a platoon commander would be that one of my guys dies in combat, and I would never get over that. I would second guess all the decisions I had made that led up to that, for the rest of my life. If something happened to me, I figured it would be death, right? But, to survive and be maimed for the rest of my life and disabled, eligible for a handicap placard, those details never occurred to me.

That's the situation I faced in Fall 2009 and into 2010, as I started to go through surgeries.

FS: When the reality hit that you had lost your legs, what helped you get through it and keep going?

DC: It's a combination of things. I tend to be future-oriented. I tend to set goals, although those goals sometimes need to be adjust-

ed. My initial goal was, "I'm going to get prosthetic legs and be an operational SEAL again". That goal lifted me up, gave me some positivity, and that helped. A couple of months later, I got fitted for the prosthetic legs. The prosthetic knees are heavy and cumbersome. You can't feel the ground, they bend underneath you. I didn't have a lot of strength because of atrophy. I realized I was exhausted at the end of the day of just two hours of physical therapy. I wondered how I was going to walk on them. It became apparent to me, and seems so obvious now, why would I have a goal of becoming an operational SEAL again? But in the beginning, it lifted me up. Then,

I realized this wasn't a realistic goal. Goals need to be realistic, although they may be hard to achieve and very long-term or far away. Once it was clear to me that it was not going to happen, I set new goals. I wanted to walk without a cane, nor use a wheelchair, unless it was absolutely necessary, and then start to run. Those

were my goals that really got me going forward. I had to think about narrowing the focus. I told myself "Look, you're far away from your goals, but you have to have faith and hope that this can be achieved". I hoped that everything I was doing then, including my physical therapy, was feeding into walking, which feeds into running. I took it day by day. I fell into a routine and habit that created



"Realize that anything you can do now to improve the situation is important. You can't act in the future, you can only act right now. So, now's the time to start working."

some momentum. It's not as much of a struggle if you have the habit of going to physical therapy and putting in the work. And I had my network of family and friends. That's an external factor that's really important. It was a combination of internal and external sources of motivation.

FS: How did you get through the difficult PT?

DC: I think the reason I got through the training was because I can process this. I think this kind of mental strength comes through conditioning. I certainly did not have a lot of mental fortitude as a kid in terms of playing sports, that I can recall. I tried combative type sports and I would quit. I tried a mini-SEAL camp as a sea cadet, I succumbed. There were some moments in my history, where I felt like I was naturally a resilient person. But at this point, although I had been through a lot, I wanted to represent the community well. I tried to think that this is just physical. Losing my legs is much easier than losing someone you love. Walking is a new sport and I'm going to tackle it. It's not to say there weren't tough days. There were tough days. There were days that were frustrating. Before I learned what the prosthetic knees are actually like, people would say things to lift me up: "People who are missing legs are climbing Mount Everest, they're doing mountaineering, they're doing all kinds of things. You can do whatever you want, there's no limit." That's just not grounded in reality. People missing a part of one leg may be climbing Mount Everest, but I don't think they're doing it on knee prosthetics if they're missing both legs above the knees. I didn't know the reality of the situation, that they are so cumbersome. When I got them, I had this unrealistic notion of what the prosthetic knees would be like. When I got on them, I thought "oh my goodness, they're heavy, I'm so tired. I don't think I'll ever be able to walk without canes or support." I even wondered what it was going to be like when I'm an older person. I still think about that. I have to be very physically fit to walk on two prosthetic knees, because they are heavy and you have less of a limb structure to move them. Then there's the question of heat and humidity. All these things can create setbacks and frustration. But, if you focus on the past and live in the pity of what you used to be able to do, that's not constructive. Looking into the future, setting goals, can really be great. But you don't want the present to pass you by either. There's a challenge being future-oriented, but also realizing that anything that you can do now to improve the situation is important. You can't act in the future; you can only act right now. So, now's the time to start working.

FS: That's great advice. Are there lots of different kinds of prosthetics to go through to find what would work for you?

DC: Yes. This is one of the reasons, I feel very fortunate to be in the military, needing prosthetics. One might say being in the military is why this happened. I was very proud to be part of the SEAL team. I knew there were risks, one of which is stepping on an IED. I'm glad it happened to me, as opposed to someone else on the hilltop, because I'm wired to handle it. I didn't have kids, I wasn't married. So, I felt of anybody up there, maybe this was supposed to happen to me, for whatever reason, not apparent to me. With that said, Walter Reed Army Medical Center is the place to learn how to walk if you're an



"When things get hard, that's the time to sharpen and narrow your focus, instead of thinking so long term that it becomes overwhelming and discouraging."

amputee. The surgical team, the wound care team, the prosthetic team, etc. were well integrated, like a well-oiled machine. You could try any prosthetic knee you wanted. That was really important. There are different sockets that the limb fits into and many different socket designs. The liner goes around your own limb to protect it and create the barrier. Sometimes, you don't need a liner with a certain kind of socket. There are different liner choices or the choice of not using a liner. There are different socket, knee and feet choices. It's overwhelming in the beginning. I was thinking if this had happened from a car accident when I was a civilian, and insurance said, "You get one shot," how do you know what you want when you haven't tried them? That's why for many reasons, being at Walter Reed was so important for me. I'm not from Washington, DC. and I didn't have roots there. My sister quit her job in New York City to live with me, as a caretaker. It took two years out of our lives. This was the kind of investment I felt I needed to make. Being in this incredible environment allowed me to leave knowing that I had the equipment dialed in, how to walk and run, and live an independent life.

FS: Are you set or do you have to get new equipment every so often?

DC: It's very expensive. The single knee that I use, the market price is over \$100,000. Every year they need to be maintained. I send them back for servicing, and they come back cleaned and freshened up. When my prosthetic knees are sent in for maintenance, the prosthetic company provides "loaner" replacement knees, so that I am still able to walk and function as normal.

FS: You learned to walk; you realized certain goals. How and when did you decide to learn to ski and go to the Paralympics?

DC: I had a wonderful physical therapist at Walter Reed and had been learning how to walk for about a year and a half. They had a lot of opportunities: Wounded Warrior golfing, Wounded Warrior hunting, soldier ride down in Florida, lots of different opportunities. When I felt like I could travel, I started going to some of the camps and realized that adaptive sports are quite impressive. There are all kinds of opportunities, so I'm not actually limited. Well, I'm limited in some ways, but I'm not necessarily limited in the kinds of activities. I've got to do it a different way now. Some things are going to be different, or going to be much harder, or in some cases, it's just not realistic to do anymore.

I was exposed to the Paralympic program through a recruiter, a liaison actually, of the now US Olympic and Paralympic Committee, stationed at Walter Reed. I went out to a sports camp, introductory in nature. As luck would have it, the coaches of cross country and biathlon were both there. They asked me if I'd be interested in doing biathlon. I really was intrigued by cross-country skiing, as well as, biathlon, because biathlon is cross-country skiing with marksmanship.

FS: Did you ski before you got into the biathlons?

DC: No. That comes into play later, but I do think that growing up on the farm accustomed me to being outside. Loving to be outside,



POINT BREAK: Dan surfs in, Indonesia in 2017; “I think the theme to my story is setting goals. Sometimes these goals are long-range, many years into the future, and they’re not going to be easy to achieve. But you can start to come up with a process.”

loving nature and being outdoors in the woods is probably why I got into cross-country skiing. It felt like this would be an interesting sport. I decided to go to the camp that they invited me to in Montana. I love being in the woods. I love hiking, mountaineering, and climbing mountains. Trail running was a favorite thing. So cross-country skiing quickly became this new way of hiking. I knew now, I would have to do it from a seated position with only my upper body and two poles. That’s tough, but you can train. I saw future teammates who were so fast and saw that it was possible. Cross-country skiing; being in the woods, gliding on snow, covering ground under my own energy and power was really exciting. I started to see direction in my life. This is in late 2010 into 2011. I felt like this is what I wanted to do. I didn’t have any goals around anything else. I thought “skiing is going to be really good for me”.

FS: And you excelled.

DC: I love it and I think the performance comes later. But, at a fundamental level, I just like doing it.

FS: In addition to your story, would you share some of what you speak about that seems to really help people? Could you summarize a little for our audience about overcoming obstacles, tips for facing adversity or an unexpected sudden change in their life?

DC: I think first it’s acknowledging that these things happen. I remember in the hospital people telling me, “Recovery goes three steps forward, two steps back.” In moments of frustration, I was

thinking, “Even if I’m taking three steps forward, it feels like 30 steps back.” But, regardless of where you are, what your experience is, what your past has been like, when you look forward, there are going to be additional challenges and obstacles that are going to come your way. I think it’s acknowledging this, and recognizing that a lot of times these setbacks are outside of your control. Maybe you can influence a couple things here and there, but a lot of times you can’t control anything. You can’t control the timing, duration, or the magnitude of the challenge or setback. How you are going to respond becomes something that you can control. Maybe not right away or how you first look at it, because we often have an instinctive response. I do think in the long run, you can control how you respond to it. I had days where this major setback I had, was really tough, and I was in a low spot. But ultimately, in the long run, I could control this response. Some days, I’m not totally there in my head, but by and large, I can control how I’m going to respond, and

end up living the life that I want to live, and get through this.

I think it’s acknowledging that these things happen and then taking some ownership, that you can control: how you respond, your reaction, your attitude, and your mindset. That can be

self-empowering and you hold on to that. Set goals beyond the challenge. Set some goals that are well into the challenge and far, and some that are shorter.

The most powerful goals, I have found, are inside you. They are aligned with who you are and you can’t force these things. You can’t think because so-and-so is saying this should be a path that



“Adaptive sports are quite impressive. There are all kinds of opportunities, so I’m not actually limited. Well, I’m not necessarily limited in the kinds of activities. I’ve got to do it a different way now.”

you should take, that you should then go do that. You can, but the persistence, discipline and commitment that are required, may be lacking, if it's not coming from a true source, like inside of you would be. Goals can be really powerful when they're inside. When did I want to become a Navy Seal? It was just inside, and it was this very powerful goal. I never would've gotten through all of that training if I didn't have that closely held goal. The goal to run and to be athletic again, that was inside me. Nobody needed to tell me what it should be. I didn't need to write it down on paper. It just was inside me. Because I held those goals really close, doing the work that was going to be hard, was easy to want to do, if that makes sense. "It's going to be hard, but I want to go do it." So, I had the discipline, the commitment, and all that it was going to take. You can't fake these things. Therefore, I think the strongest goals will just come naturally.

FS: Can you give an example of some of your shorter and longer goals?

DC: In the very beginning, in the hospital, I really wanted to run again. I had no idea if it was going to be possible, but because my limbs were long enough and there is a running prosthetic I had heard of, I thought it was possible. I really wanted to do it, but it was long term, I couldn't put a timeline on this. The challenge was this major setback, I don't have legs. The goal was I wanted to run. So, I should learn how to walk first. I needed to get out of the bed, before that. I needed to get in a wheelchair before I walk. It's segmenting into shorter goals.

FS: When you do your talk about inspiration, overcoming adversity, are there a few key points that you could share?

DC: I talk about sharpening and narrowing your focus when things get difficult, which is what I was alluding to; setting shorter term goals. When things get hard, that's the time to sharpen and narrow your focus, instead of thinking so long term that it becomes overwhelming and discouraging. The other thing I talk about is perspective. When I went over to Walter Reed, there was a physical transfer but also a transformation in my mind, because I was surrounded by dozens of service members, some of whom were only nineteen and missing, in some cases, three limbs or four limbs. It allowed me to think about what I should be grateful for and focus on what I still had. The fact that I had my arms, that they were in good working order, became really apparent when I was around triple and quadruple amputees. This is the idea of perspective. I think it's appreciating what you have. I can talk about this, but to really realize that, I think you have to challenge yourself and you have to constantly remind yourself about what you can still do or train to do, and what you still have. The best way to do that is to actually go do things. I had to be thankful for my arms, so I should go swimming with my arms or go cross country skiing with my arms.



"You have to constantly remind yourself about what you can still do or train to do, and what you still have. The best way to do that is to actually go do things."

FS: That's great advice. Do you have any additional tips for those facing a mobility issue where either their legs are paralyzed or they lost their legs or for whatever reason they can't walk like they used to anymore?

DC: Although I became a Paralympic athlete, that doesn't have to be the model for everybody. I saw service members want to go down the road of politics, go to graduate school, or get a college degree and enter the workforce. All of that is wonderful. You don't have to do the purely physical activities to show that you overcame a physical setback. Maybe that's why I was driven, but I'm also very athletically minded. I think what I'm getting at is, I love being an athlete and I always loved it. I think it's acknowledging who you are in your core, what you loved to do as a kid, what you love to do now, and I think that can guide you in the future. It doesn't have to be the physical route like I've taken. But that was who I was in my core. I think when you align your goals that are going to get you through this challenge, whether you achieve them or not, you're at least moving forward, and hopefully some small wins can create some momentum psychologically. If you align where you're trying to go with who you are, I think that can really help you get through it.

FS: For people who are not mentally tough, do you have any suggestions how to get there?

DC: I think we are all tough in our core. It's maybe that some people erect more barriers than others. If you do what I was saying about aligning what you want to do with who you are, and pursue what you love, and really do it, I think it can really help.

What is the other choice? What is the alternative? Just to feel sorry for yourself? You may be allowed that for a while, but eventually life goes on. In some cases, setbacks happen later in life, but when it's happening in your twenties or thirties, this will eventually be "normal." I remember thinking in the beginning that if I lived to old age, most of my life will have been lived without legs. So, I might as well just get used to it now. It's hard to do that, but it does become "normal." What is the alternative? For years and years to feel sorry for something just doesn't seem realistic. So, I need to move forward. We're tough in our core, resilient in our core. Look at some of the barriers that may be there and overcome some of them, whatever they may be.

FS: You have a very positive attitude. Do you have any idea how you've got such a positive attitude and how you can encourage others to have a more positive attitude?

DC: Maybe it's DNA or my environment or the way I was raised. I'm not sure. If someone is negative, I'm sure a psychologist would have much better advice than I can give on that. I think there's something to be said for just doing things. Whatever's going on in our head, if you're actually doing something constructive, then doing something can transfer into your mind.

FS: Your leisure time, if you call it leisure – your fun time is your sports?

DC: Yeah. I was very goal oriented as a Paralympic athlete. I did win a gold medal. You can't do better than a gold medal. You can get another one, but I don't really feel like getting another.

I've gone through three Paralympic cycles. I'm entering my fourth. I don't have any more goals within the sport. I decided to create some new challenges that are outside of the sport, but still



PEAK PERFORMANCE: Dan sits in Grand Mesa, CO in 2022; “I love hiking, mountaineering, and climbing mountains. So, cross-country skiing quickly became this new way of hiking.”

within the sport, broadly speaking. That is to do ski marathons, because I want to demonstrate that sit skiers can do ski marathons, and get them on the Paralympic circuit. These are 50-kilometer races. So, that’s where I want to go. I want to do it. This is not super important to me, but I do think it’s showing some motivation, and it’s maybe a goal that’s a year ahead. I did a 54-kilometer ski marathon in Norway in March, and I really think that on the Paralympic circuit we should have these competitions. Not necessarily at the games, because putting a 50-kilometer race in the games would be a little tough to do logistically, but on our World Cup circuit, they could have the ski marathons. I think you just got to go out and do it, and then start a conversation around it. That’s kind of where I’m at right now. I don’t think I have anything else.

There’s kind of this transition from being this full-time 100% athlete, which I was years ago, that I can tell is kind of slipping away a little bit. It’s still very much a part of my life, but I’m not so con-



“I think it is helpful if you can prepare yourself. It’s mindset and mental tips for how to approach challenges and setbacks. If you can prepare yourself for the big ones, then the daily annoyances and setbacks aren’t as big of a deal.”

cerned about next season and what my training is for tomorrow? I’m going to still exercise. I used to take that so seriously. During the process of getting better, I had this fire inside me. Often though, I would think that all my training was not making the world better. Sometimes, I thought that maybe through the example of it, it helped some people. I could be driving and would come down on myself a little hard. But then I would think that I didn’t know where this was coming from, but it was there, and I wanted to train and do all this. Now, I have softened up a little bit from that, to be honest. I still like to race, but it’s not this huge part of who I am. These cycles just happen naturally when you are getting older.

FS: Absolutely. Not to analyze, but maybe some of the ambition could have come from what you went through, and needing to show yourself all you were still able to do. Now, that you see how much you can do, it doesn’t have to be proving anything. Now, you can just really enjoy and have different activities in your life, which is a nice thing.

DC: Yeah. I think so. I think that’s fairly correct, if not totally correct.

FS: Is speaking more like a job, although you’re helping people?

DC: Yes. I’d like to grow as a speaker. My goal would be to reach more audiences and continue with it, as long as I like it. And then, managing it so that I’m not burning out, managing it in terms of engagements and interviews. I think that’s where I’m at.

FS: What would you like the readers to get from this interview?

DC: I hope it’s entertaining. I hope the story is valuable in terms of giving some advice on how to deal with some setbacks. I think it is helpful if you can prepare yourself, just like in the Seal team. We would train for scenarios that were just so complicated, in hopes that when you get overseas on a real mission, it would not be as complicated. Therefore, when the stakes are higher, you can process things a little better. It’s mindset and mental tips for how to approach challenges and setbacks. If you can prepare yourself for the big ones, then the daily annoyances and setbacks aren’t as big of a deal. The concepts of perspective and narrowing the focus when things get really difficult, and trying to get small wins, small goals to go forward to create more psychological momentum, I think can help people. That’s something practical they can take away.

FS: Dan, it has been an honor. Thank you again for your service and your continued inspiration.

DC: Thank you. You’ve had great questions and are a good listener, so I appreciate that. •

Abilities

Serving the Community
Since 1979

EXPO

Access Your World

Find out how at Abilities Expo.

Knock these off your bucket list:

- Test drive the latest product & tech
- Consult experts from the disability community
- Push your limits with adaptive activities
- Network with your Expo family
- Get the answers you need

Houston August 4-6, 2023	Phoenix Sept. 8-10, 2023	Ft. Lauderdale October 13-15, 2023	Dallas Dec. 1-3, 2023
Los Angeles March 15-17, 2024	New York Metro May 3-5, 2024	Chicago June 21-23, 2024	



Abilities.com

Get registered and join us!



@AbilitiesExpo



@AbilitiesExpo



@abilities_expo

FREE ADMISSION

ADAPTIVE SCUBA DIVING CAN PROVIDE A WIDE RANGE OF THERAPEUTIC BENEFITS FOR CHILDREN AND ADULTS WITH DISABILITIES, INCLUDING IMPROVED PHYSICAL AND MENTAL HEALTH, INCREASED CONFIDENCE, AND OPPORTUNITIES FOR SOCIAL CONNECTIONS AND ADVENTURE.

BENEFITS OF ADAPTIVE SCUBA DIVING FOR CHILDREN WITH DISABILITIES

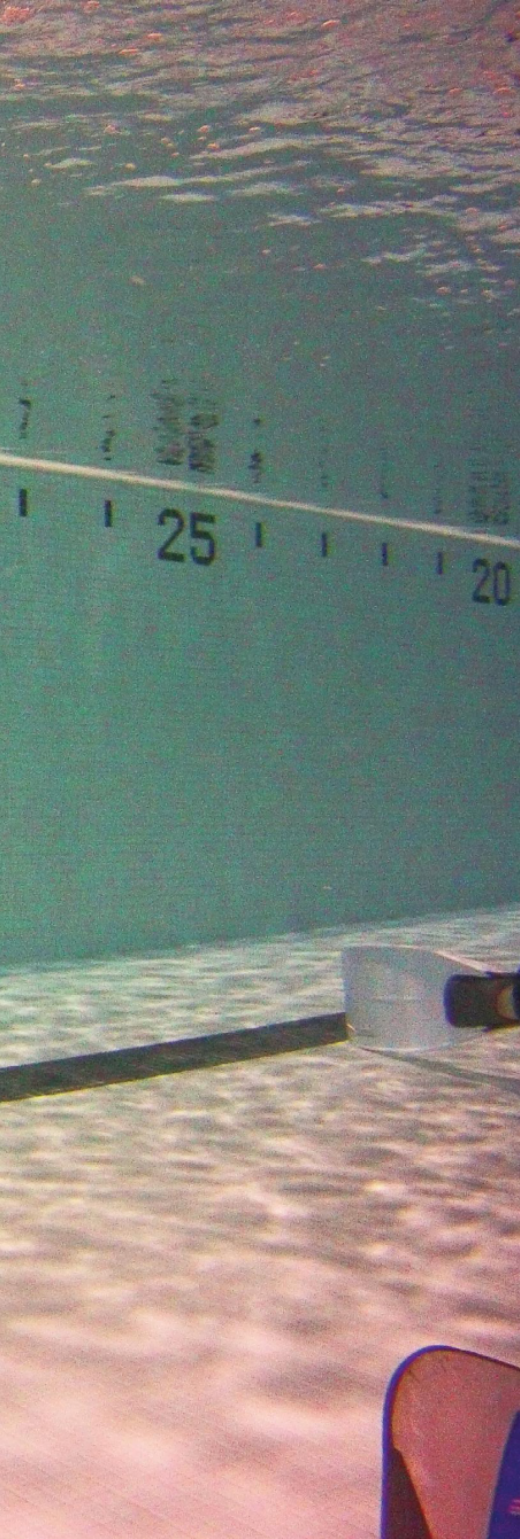
BY JIM ELLIOTT

As a parent, you always want the best for your child. You want them to be happy, healthy, and successful in life. You encourage them to try new things, learn new skills, and explore the world around them. But what if your child has a disability? How can you help them experience the same joy and wonder other children have when they explore the world?



One answer may be adaptive scuba diving. This unique activity provides children and adults with disabilities, the opportunity to experience the incredible sensation of weightlessness and the feel-

ing of freedom that comes with being underwater. It also has therapeutic benefits, such as improving their physical and mental health, boosting their confidence, and increasing their social connections.



WHAT IS ADAPTIVE SCUBA DIVING?

Adaptive scuba diving is a program that provides scuba diving experiences to people with disabilities. The program adapts the diving experience to an individual diver's needs, making it accessible to people who experience a wide range of disabilities, including physical, cognitive, and sensory impairments. Adaptive scuba diving programs typically include specialized: training, equipment, and support from professionals trained in adaptive scuba.

THE THERAPEUTIC BENEFITS OF ADAPTIVE SCUBA DIVING

Improves Physical Health: Scuba diving is an excellent form of exercise that can improve cardiovascular health, increase muscle strength and flexibility, and improve respiratory function. Adaptive scuba diving can provide additional benefits for people with disabilities, by improving their range of motion, increasing circulation, and improving overall physical fitness. This exercise can be beneficial for those with chronic pain, cerebral palsy, spinal cord injuries, and multiple sclerosis.

Boosts Mental Health: Scuba diving can also positively impact mental health by reducing stress and anxiety, improving mood, and promoting relaxation. For people with disabilities, adaptive scuba diving can provide a sense of freedom, independence, and control, that may be difficult to achieve on land. Similar to doing meditation, scuba diving requires focusing on your breath, emptying your mind of distractions, and being present at the moment. The sensation of weightlessness, the ability to move freely in the water, and an atmosphere of sensory deprivation can be therapeutic for people with conditions such as autism, PTSD, and anxiety disorders. The sensation of weightlessness, the ability to move freely in the water, and the benefits of escaping from the typical surface triggers that might irritate or set off someone with autism, PTSD and anxiety disorders.

Sensory deprivation rooms, weighted blankets and pressure vests are a type of therapy often used to help soothe those with autism.

Increases Confidence: Adaptive scuba diving can also help boost confidence by providing a sense of accomplishment and

achievement. Learning to scuba dive requires focus, determination, and perseverance. Completing a dive can be a significant confidence booster for people with disabilities. This experience can be beneficial for children with disabilities, who struggle with low self-esteem and confidence. They've done something only a small percentage of the population has done. According to the Diving Equipment & Marketing Association (DEMA), there were approximately 6.4 million scuba divers in the United States in 2019 (Dema, 2021). The total U.S. population at that time was estimated at around 328 million (U.S. Census Bureau, 2019). This translates to approximately 1.9% of the population. This confidence boost can spill over into other areas of their life. Adaptive scuba diving often helps children with disabilities identify as something other than their disability. It's no longer Johnny in a wheelchair, it's Johnny the scuba diver.

Provides Social Connections: Adaptive scuba diving can also provide opportunities for social connections and new friendships. Children with disabilities are often less likely to participate in community youth activities because of physical or cognitive limitations. Scuba diving is a team activity, and divers must work together to ensure everyone's safety and success. This activity can create a sense of camaraderie and support among divers. Spending time with a diverse group of people and feeling included can be especially meaningful for children with disabilities, who may feel isolated or disconnected from others.

Increases Sense of Adventure: Finally, adaptive scuba diving can provide a sense of adventure and excitement that may be difficult to find in other activities. Just floating in zero gravity can be exhilarating. In a pool, there are underwater games and activities for adaptive divers. Open-water diving offers a world full of fascinating creatures and landscapes. For children with disabilities, adaptive scuba diving can provide a sense of wonder and curiosity that will have them thinking about what they can do instead of what they cannot do.

HOW TO GET INVOLVED IN ADAPTIVE SCUBA DIVING

There are several options if you want your child to participate in adaptive scuba diving. Many scuba diving organizations

WATER POWER: Diveheart Executive Director and Advanced Adaptive dive buddy and divemaster Tinamarie Hernandez is with Mateo, an adaptive diver that has a heart condition. Scuba is the one activity that he can do without stressing his heart. Scuba is a great activity for Mateo because it puts him in a zero gravity environment where he can move easily at his own pace without stressing his heart like so many other physical activities might do.



IMMERSION LEARNING: Erin doing underwater activities with Diveheart instructor, Sarah Repka. Erin has a disability from birth, like cerebral palsy. The full face mask is a piece of specialized equipment that allows Erin to experience scuba therapy safely, as she cannot hold a traditional scuba regulator in her mouth.

offer adaptive scuba diving programs. There are also specialized organizations that focus specifically on providing scuba diving experiences for people with disabilities.

Before getting started, do your research. Make sure you consult a physician.

Many programs require a medical form signed by a doctor. It's important to find a program that fits the participant's needs and interests. Some programs may have age or disability restrictions, and others may require certain levels of scuba diving experience or certifications. Additionally, ensure that the program has qualified instructors and follows safety protocols to ensure a safe and enjoyable experience for your loved one.

Once you've found a program that meets your needs, prepare for the experience. This preparation will include what to expect during training and the actual dive, and addressing any concerns or fears your loved one may have. Encourage the participant to embrace this new opportunity, while being supportive and understanding.

During the adaptive scuba diving program, the diver will receive specialized

training and equipment tailored to their needs. This may include trying on adaptive scuba gear, such as: specialized masks, fins, and weight systems, and receiving instruction on using the gear safely and effectively. The training should include basic diving skills: such as buoyancy control, underwater communication, and emergency procedures.

Once your family member has completed the training, they will have the opportunity to participate in a dive. The diving usually takes place in a pool. During the dive, a trained professional will provide assistance and support. These adaptive scuba dive buddies are trained specifically in adaptive scuba diving, as well as knowing about various disabilities, so they can ensure the safety of adaptive divers. The goal of the dive is to give the diver the opportunity to experience the sensation of weightlessness and the feeling of freedom that comes with diving underwater while keeping them safe.

CONCLUSION

Adaptive scuba diving can provide a wide range of therapeutic benefits for children

and adults with disabilities, including improved physical and mental health, increased confidence, and opportunities for social connections and adventure. If you want your family member involved in adaptive scuba diving, do research and find a program that fits the needs and interests. With the right program and support, adaptive scuba diving can be an incredibly rewarding and life-changing experience for your loved one. •

References

- Diving Equipment & Marketing Association (DEMA). (2021). 2021 DEMA Market Overview. Retrieved from https://www.dema.org/page/market_overview
- U.S. Census Bureau. (2019). Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2019. Retrieved from <https://www.census.gov/newsroom/press-kits/2019/pop-estimates-national-state.html>

ABOUT THE AUTHOR:

Jim Elliott is the founder and president of the Diveheart Foundation, a non-profit organization dedicated to providing adaptive scuba diving experiences to children, adults, and veterans with disabilities. Jim's passion for scuba diving and helping others led him to create Diveheart in 2001. Since then, the organization has helped thousands of individuals with disabilities experience the freedom and adventure of scuba diving.

EP FOR FREE!

**RECEIVE A
FREE SUBSCRIPTION
TO THE DIGITAL VERSION OF
EXCEPTIONAL PARENT
MAGAZINE**

Simply visit us at
www.epmagazine.com
and click
"EP FOR FREE"
you will receive an email each month
when the magazine is published
as well as a free newsletter.

Both will come from
news@EPmagazine.com

Print subscriptions: \$199 a year;
Available at www.epmagazine.com
Questions: epmagazinevp@gmail.com

Empowering the
Special Needs
Community
since 1971



Subscribe Today at www.epmagazine.com

EP's ALL-NEW RESOURCE GUIDE FOR 2023

EXCEPTIONAL PARENT MAGAZINE • \$15.95

Early Intervention:
**STANDARDS
FOR EARLY
CARE**

Plus:
ESTATE
AND CARE
PLANNING

**2023
EP GUIDE**
NAVIGATING SPECIAL NEEDS RESOURCES

AI Solutions:
WHAT STUDENTS WITH
DISABILITIES NEED TO
SUCCEED IN COLLEGE

Special Olympics:
NAVIGATING YOUR
CHILD'S INTELLECTUAL
DISABILITY DIAGNOSIS

THIS ISSUE COURTESY OF
BLANKROME

52

AN AMAZING ADVERTISING OPPORTUNITY

With a dedicated readership and a rapidly expanding audience, more and more advertisers are taking advantage of the unique opportunities that Exceptional Parent can offer. Whether it's a full or half page ad in our print and digital magazine editions, or a dynamic banner ad on our www.epmagazine.com website, there has never been a better value enabling your products or services to capture a large and motivated readerhip. Discounts and special offers are available for cross-platform insertions.

We are now offering many additional opportunities for lasting partnerships that can affordably and effectively communicate your brand's message.

For more advertising opportunities, email us at
fsimon@epmagazine.com



ADAPTIVE TIPS FOR BLIND & VISUALLY IMPAIRED TRAVELERS



BY VIRGINIA A. JACKO

Where are you off to this summer? Warm weather is here – and families across the country are planning trips to celebrate.

Here's something that may surprise readers: I am totally blind, and I love to travel. In fact, blind people of all ages – children, parents, and grandparents – enjoy taking trips as much as their sighted loved ones. Passion for travel and experiencing other cultures does not require eyesight. In fact, at the Miami

Lighthouse for the Blind and Visually Impaired, we take our summer campers on trips and to the pool regularly.

Blind people should not be denied fun in the sun. Whether you are blind or visually impaired yourself, or traveling with a child who is, preparedness is key to making sure everything goes swimmingly.

PREPAREDNESS IS THE KEY : FACILITATING TRAVEL FOR THE BLIND AND VISUALLY IMPAIRED

Here are five things that families with blind and visually impaired travelers on board should know.



THE FIRST THING TO CONSIDER IS LOCATION, LOCATION, LOCATION

- Perhaps you are visiting relatives, or you have been dreaming of a beautiful week at the beach all year. If you have not already selected a destination, think about places that will ignite the other four senses. For a blind and visually impaired person, the blissful touch of a sea breeze, invigorating sounds of street music, or aroma of authentic cuisine could turn a good vacation into an unforgettable one.
- Also consider the navigability of a destination. Big cities like New York often are on grid systems, which makes finding your way a bit easier. While small villages have fewer accessibility features, they may be less intimidating for families with small children.



INQUIRE ABOUT ACCESSIBILITY SERVICES – AND USE THEM

- If traveling by train, air, or bus before your trip, contact the transportation company, so that they can provide special assistance for your outbound and inbound trips. Make certain that you have your SVAN number as part of your airline reservation, if you are traveling with a service animal.
- For sightseeing and museum tours, always call ahead to ask about accommodations for people with visual impairments. Often, tours have verbal descriptions of sights, or the opportunity for blind and visually impaired tourists to touch landmarks or artifacts, that are usually off-limits.



ENSURE YOUR TRANSIT SITUATION IS SQUARED AWAY

- When it comes to using transit as a blind and visually impaired person, the more you know, the better. Try and familiarize yourself and your family with the layout of the airport or station in advance—like where the restrooms or baggage claim sections are.
- If you are traveling on a bus or train, be aware of the stops, so that you can easily plan when it is time to depart. Having a printed copy of your ticket confirmations, in addition to on your phone also, is advised. iPhone features like “Voice Over” can help with this.



TRAVEL LIGHT, BUT BRING TOOLS THAT CAN HELP

- A backpack allows visually impaired travelers to keep their hands free, so consider using one as a carry-on. Blind and visually impaired individuals who use a long white cane as a mobility device at home, should also do so on vacations.
- If you are traveling with a little one who is visually impaired, games can help keep them occupied, while in transit or during downtime. We sell a variety of games, including Braille playing cards, tactile Tic Tac Toe, and beeping foam balls on LighthouseShop.org.



IF YOUR CHILD IS VISUALLY IMPAIRED, INCLUDE THEM IN PLANNING.

- Planning trips should be a family affair. When children know where they are going and what to expect, they are more likely to enjoy the vacation. One fun activity you can do with kids, is create a simple, tactile map of the travel plan that your children can trace across with their fingers. This will help them track the distance traveled and learn new skills like mapping.
- In addition to getting kids involved in planning, empower them to advocate for themselves during group activities. For example, if you are at a restaurant and find that the waitstaff is asking you to speak for your blind child, they should speak up and ask that they speak directly to them.

Remember, passion for travel and experiencing other cultures does not require eyesight. When traveling with or as a blind or visually impaired person, the above tips, can help make the trip fun and safe.



ABOUT THE AUTHOR:

Virginia A. Jacko is the President and CEO of the Miami Lighthouse for the Blind, where she provides equitable access to education, blindness prevention programs, and vision rehabilitation training to nearly 25,000 people annually, from blind babies to low vision seniors and their families.



CREATING OPPORTUNITIES FOR ADAPTIVE RECREATION

BY JILL MOORE

While more and more new playgrounds are being designed with inclusivity in mind, many older playgrounds don't have equipment and features to support adaptive play for all. If your favorite local playground is one of them, just know there are options for updating. One option that can be especially appealing is to retrofit the existing playstructure.

***Author's note:** In recognition of the varying language preferences across the disability community and experience, throughout this article I've used person-first language (i.e. children with disabilities) and identity-first language (i.e. disabled children) interchangeably.*

RETROFITS BREATHE NEW LIFE INTO EXISTING PLAYGROUNDS



THE BAND PLAYS ON: Outdoor musical instruments are a great way to refresh playground designs for inclusion, as they offer sensory-rich benefits for all abilities.

The process of retrofitting a playground can involve replacing or upgrading existing components and adding fresh new components. A retrofit can address both the primary playground structures – like slides and swings – as well as other aspects of the playground, like surfacing and shade. New products can

be incorporated into the play structure or added as freestanding components. Best of all, these new or upgraded elements can be specifically designed with disability and inclusion in mind, to help make the space more inclusive for people of all abilities.

The groups that manage playgrounds, such as parks and recreation departments, schools, and other community organizations, appreciate retrofitting as an option, for several reasons. First, it's an approach with sustainable benefits because it makes use of the playground's existing components. Retrofitting also costs less than a full playground replacement, allowing for a range of options to suit different budgets and funding levels. It can often be done in a shorter timeframe, minimizing the time a playground is closed – which is a priority for everyone, most especially the kids themselves!

OPTIONS FOR ADAPTIVE PLAY

Since 2010, playgrounds have been required to be compliant with the Americans with Disabilities Act (ADA), which is why people tend to make physical accessibility the first priority when discussing inclusivity. And yes, inclusive playgrounds should always be accessible to people who have differing levels of mobility and for people using mobility devices. However, that only scratches the surface when it comes to the needs of the larger community of disabled people and what a retrofit can bring to a playground to support that community.

Here are a few playground upgrades that can be retrofitted to support a variety of needs and types of play.

MUSICAL PLAY

Music-themed elements are a convenient option when refreshing a playground for inclusion. They offer rich sensory benefits for all – even those who are deaf or hard of hearing can experience them through the vibrations of the instruments.

Musical play is multigenerational, so kids and adults of all ages can get involved, and it fosters creativity. Musical play also benefits those who use mobility devices, as it's an activity that doesn't require transferring out of a device to use. Additionally, individuals who are blind or low vision often use the sound from musical instruments to help orient them as to where they are in the play space.

SCAVENGER HUNTS

Changing out activity panels may seem like a relatively small change, but it can make a big difference in the playground experience. One popular option is “seek and find” panels that create an interactive experience as kids search for pictures or symbols across the playground. These panels also can be installed in different areas, including at the ground level, making it simple for kids of all abilities to gather and work together to complete the activities.

STORY TRAILS

Sometimes, the same element can encourage opportunities to both be still and get moving. Story trails, which tell a story across several panels located in different parts of the playground, and “Talking is Teaching” panels from the Clinton Foundation's Too Small to Fail program, promote children's early brain and vocabulary development. They encourage kids and their parents or caregivers to talk, read and sing together. Not only can this type of activity help kids develop their language skills, but it encourages movement and play throughout the play space and along walkways.

VIBRANT COLORS

A fresh paint job will modernize any space – but it also makes a playground more inclusive. Faded or monochromatic playground elements can create challenges for people who are low vision or have a color deficiency. Introducing brighter colors with greater contrast makes it easier to gauge depth perception and brings the playground space to life in new and exciting ways.

SHADE AND SHELTER

While everyone needs to be mindful of how much time they spend in the sun, people with disabilities are often hyper aware of heat exposure due to medications they're taking or levels of injury. Integrating more shade into a playground can give all visitors breaks from direct exposure to the sun and help individuals with disabilities avoid risk. This is also a great way to reinvigorate underused playground areas and make them more appealing and accessible for all.

ENHANCED SIGNAGE

In addition to adding signage that helps playground visitors find their way around, a retrofit can introduce signage that assists with communication. Panels with universal



SOUND IDEA: Incorporating the Symbol Communication Sign allows individuals who are non-verbal or early learning to communicate with friends and caregivers.

symbols allow people to point to what they feel, or what they need or want, such as going down the slide or going to the bathroom. This can make playgrounds more inclusive to nonverbal people, and it can be a helpful tool for anyone trying to hear a soft voice on a noisy playground. These signs also can provide prompts for children who struggle to express themselves.

SPOTLIGHT: LINCOLN GLEN PARK

A recent retrofit of Lincoln Glen Park in San Jose highlights the wide variety of updates that can make a playground more inclusive. The park's retrofit specifically aimed to serve and engage those

who are on the autism spectrum, are medically fragile, and have sensory, cognitive, developmental, and physical disabilities.

The park's updates improved physical accessibility, with wheelchair-accessible slopes leading to play areas, as well as wide paths and ramps. The retrofit also introduced new sensory-engaging elements, as well as landscaping with stimulating colors, textures, and fragrances to help people of varying abilities navigate the space. And, the park introduced storytelling, with a theme highlighting the early history of the local area, Willow Glen, which served as a postal communications hub in the late 19th and early 20th centuries.

Once you begin to explore the possibilities of adaptive recreation, you will see how it benefits people of all abilities. Any playground – even older spaces with more dated equipment – can be retrofitted with upgrades and additions that make the space more inclusive and responsive to the needs of the community. By working together to create more opportunities for inclusive play, communities can enrich life and learning for all kids. •

ABOUT THE AUTHOR:



Jill Moore brings the voice of the disabled community and inclusive design practices into the product-development process at Landscape Structures. With a specific focus on merging lived experience with universal design principles, Jill promotes and educates audiences on the importance of integrating inclusion in play, and bringing people with disabilities into the conversation. As an accredited educational presenter – both in the classroom and the playground – play has become her full-time role. During her lifetime, Jill has represented Team USA as a multi-sport athlete, bringing perspective on the importance of recreation and how imperative equitable access to play is for all.

WORKING TOGETHER : MAKING PLAYGROUNDS MORE INCLUSIVE AND RESPONSIVE WITH UPGRADES AND ADDITIONS

What can you do to make a retrofit possible and create more opportunities for inclusive play at your local playground? Here are four key ways to get organized, as you make your case.



Start educating the community and bringing people together. People love their playgrounds, and when they become aware of the rich opportunities a more inclusive playground provides, they want that for their own kids and families! This includes families with people of all abilities.



Define what inclusion looks like for your family – and your community. What are your needs, and what are the needs of others who use your playground? What could be updated or added to your playground that would make it more inclusive? Find your local ability demographics. For example, what needs are being served in the community, care programs nearby, and local recreation or hospital groups? Doing some of the legwork in advance, makes it easier for those who manage the playground to understand both the challenge and the solution, as well as to prioritize the most immediate needs of the community.



Show up in person to make your voice heard and bring your friends. Attending and speaking with decision-makers at events, like community meetings or school board meetings, can make a big difference. It links the need for inclusivity with specific faces and personalities. The more people, the better – having a group show up reinforces the point that everyone benefits from more inclusive play spaces.



Identify and partner with like-minded nonprofits and community organizations. These groups may be able to help by providing financial support, finding grants and other funding sources, sharing your message more widely, or acting as an advocate for your cause. To get you started, in addition to any local groups unique to your community, consider local chapters of organizations, such as: the YMCA, PTA, Kiwanis International, Jaycees, Rotary International, or Lions Clubs. KABOOM! also is a great resource, as a national nonprofit dedicated to ending inequity in play spaces.



**VOLUNTEERS ARE NEEDED. IF INTERESTED,
EMAIL IESBRAINRESEARCH@GMAIL.COM**

THE IRENE AND ERIC SIMON BRAIN RESEARCH FOUNDATION



**www.iesBrainResearch.org
(973) 726-6218 • iesBrainResearch@gmail.com**



TENNIS FOR EVERYBODY

BY KARL LEE AND GABBY HESSE

The Junior Tennis Champions Center is a tennis center in College Park, MD with the mission of “Tennis is for Everyone.” In pursuit of this mission, the Junior Tennis Champions Center (JTCC) provides people with disabilities adaptive tennis programs that allow them to learn, play, and compete in the sport. These year-round programs include wheelchair ten-

nis, Special Olympics tennis, tennis for military veterans, and the newly-added Para Standing tennis. Para Standing tennis serves people with physical disabilities that prefer to play standing, including amputees, people with limb loss/differences, and mobility impairments such as Traumatic Brain Injury, Multiple Sclerosis, or Stroke.

The Para Standing Tennis/Adaptive Tennis is a novel category of the tennis spectrum. Primarily, the program at JTCC (Junior Tennis Champions Center) focuses upon the development of the physically challenged individual in the game of tennis, so that the player can feel more confident and expand their physical and cognitive abilities. In turn they may be able to integrate better into mainstream society, as they realize their inherent potential to meet their challenges.

The Wheelchair and Para Standing tennis program at JTCC is directed by Gabby Hesse and assisted by Karl Lee. There are weekly clinics for each program and all equipment and court times are provided by the club. In each session, a warm up activity engages the player in tennis-based movements and will develop the awareness of the mobility requirements to interact with a ball in space. Certain themes are utilized by the coaches and the volunteers to create a progression of learning, such as mobility, recovery, direction control, stroke path, serve/ returns, match play, and anticipation/shot analysis. Towards the end of the sessions, game play is encouraged so that the players may implement what they have learned.

The range of physical disabilities can be quite varied. Many of the individual experience different types of conditions, such as: limb loss with balance control issues, or visual tracking deficits combined with movement control. The coaches are trained to analyze before implementing corrections, the individual's range of movement, cognition, physiology, etc. The aspects of learning are based upon reciprocal mentorship, in which the coaches teach the game of tennis, and the players educate the coaches regarding their individual conditions. In some of the players who have experienced semi paralysis of one side of their body, it may be necessary to develop the previously "non dominant" side for the tennis stroke. Given the circumstances, many times the players are surprised that their systems can compensate for the change and will have some semblance of success in striking and directing the ball.

Change will not be dramatic, but rather will happen in small but memorable increments. One of the players who suffered from a brain abscess developed divergent vision and a loss of balance. His training began in close proximity to the coaches, as they drop fed him balls to his right and left to create a successful interaction with

"RECIPROCAL MENTORSHIP HAPPENS WHEN COACHES TEACH THE GAME OF TENNIS, AND THE PLAYERS EDUCATE THE COACHES REGARDING THEIR INDIVIDUAL CONDITIONS."

ADVANTAGE IN: Members of the All-Comers Wheelchair Tennis Club prepare for practice; (Opposite page) Standing adaptive tennis players between sets at a JTCC event at the Hangar Clinic.





RETURN AGES: (Above left) Sam Williams hitting a backhand at the Veterans Day Tennis Celebration in 2022; (Above right) Nicky Maxwell at the Para Standing International tennis tournament in Turin, Italy

the ball and developing contact perception. Duct tape was placed on the strings to concentrate his focus on the contact of the ball, rather than where the ball landed in the court. Not only did this provide a visual cue, but also an auditory one. Dance moves were suggested by Daniela Corona, one of the junior assistant coaches, to teach the cross step recovery process. The JTCC coaches are creative in their means to communicate and convey all the nuances of the game. The traditional way of teaching an idealized “version” of a tennis stroke must be adapted for the adaptive player.

Ken Rodriguez, aka “Rocket Rod” came into the program via Adaptive Tennis US, a nonprofit program training military veterans, founded by Karl Lee. Rocket had never been taught tennis before he stepped on the court in December of 2021. He was injured on the USS John Stennis aircraft carrier, by a helicopter which ran over his right leg, resulting in the loss of his limb below the knee. Rocket played as a pitcher and catcher at the AA level in Puerto Rico, so he was a developed athlete, although he did not have a tennis background. Rocket is a dedicated player, training three to four times per week at JTCC. He works on learning all aspects of the game and playing matches against some of the junior tennis champions. The volunteers are instructed to not hold back any aspect of their game, but rather to play as hard as possible to test their partner. In July, Rocket is scheduled to compete in a national level tournament against other para standing tennis players.

Another high caliber player of the JTCC program is Nicky Maxwell. Originally from England, Nicky is a graduate student who was a D1 track athlete at Harvard. He came into the program,

referred by Jeff Borne from Texas. Nicky has a tennis background in his youth, but wanted to develop his game further. Rocket and Nicky work diligently on their doubles game and will play against some of the best juniors in the country. Nicky has noticed an imbalance in his ball striking. He is a lefty, congenitally missing digits of his right hand and has a below the right knee limb loss. To compensate, he has been training to develop his antagonistic side for better

balance. He has recently competed in an international tournament in Turin, IT against some of the world’s best para standing tennis players.

“JTCC COACHES ARE CREATIVE WHEN CONVEYING THE NUANCES OF THE GAME. TEACHING AN IDEALIZED “VERSION” OF A TENNIS STROKE MUST BE ADAPTED FOR THE ADAPTIVE PLAYER.”

JTCC’s tries to fulfill their motto “Tennis for Everybody,” no matter what disability the individual has. JTCC uses tennis as a means of guiding the individual to their new pathway of development through the new Para Standing Tennis Program. •

ABOUT THE AUTHORS:

Karl Lee is a full time tennis coach at JTCC. Near the completion of his career in dentistry, he became a USPTA tennis teaching professional. But it was one of his patients who inspired him to create his nonprofit organization, Wounded Warrior Tennis, to teach tennis to our injured military personnel. Later, he realized that many non-military individuals could also benefit from learning the game of tennis. Hence, Adaptive Tennis US, was created. Presently, coach Karl helps to coach the adaptive tennis players at JTCC, as well as other clinics and private lessons.

Gabby Hesse is the Head of Wheelchair & Adaptive Tennis at JTCC. After playing Division II college tennis at Florida Southern College, she moved to College Park, MD to work at JTCC in an AmeriCorps fellowship program. She now serves on the USTA Wheelchair Tennis National Committee as a Junior Pathway subcommittee chair.

DISABILITY RIGHTS AND HEALTHCARE:

HOW FAR WE'VE COME... AND HOW FAR WE STILL NEED TO GO

BY LAUREN AGORATUS, M.A.

Many laws like the ADA (Americans with Disabilities Act), Section 504 (Rehabilitation Act), and the ACA (Affordable Care Act) have disability protections against discrimination. Are they working?

The National Council on Disability created a framework¹ on health equity for people with disabilities. It focused on the areas of:

- Disability data
- Accessible communication
- Physical accessibility to care
- Disability awareness training for health providers
- HCBS (Home/Community Based Services)
- Nondiscrimination in health insurance

DISABILITY DATA

There are gaps in data regarding people with disabilities. Most often it isn't collected at all, or only in surveys. Although the ACA required "disability" as one of the five demographic pieces of data for reporting, the COVID pandemic demonstrated that the lack of data resulted in disparities in public health. There were instances of healthcare rationing, lack of supports (e.g. nonverbal individuals), and other inequities. These are now being addressed by the CDC (Centers for Disease Control), NIH (National Institutes of Health), and NACCHO (National Association of City and County Health Officials - see Resources).

1. https://ncd.gov/sites/default/files/NCD_Health_Equity_Framework.pdf



COMMUNICATION

Doctor/patient communication must be accessible to be effective. Over 1/3 for health providers are not aware of their obligations regarding this. This is particularly true for the hearing impaired population which may require ASL interpretation.

PHYSICAL ACCESS

Not only are providers' offices inaccessible, but the medical equipment may be too. Doctors need to ensure that basics such as vital signs like weight, and screening/diagnostic equipment such as x-rays and mammograms are accessible, as well as their examination tables.

DISABILITY COMPETENCY

Healthcare provider training must avoid "ableist" misperceptions of people with disabilities and implicit bias of quality of life. Recent research showed that over 80% of providers thought individuals with disabilities had a lesser quality of life, and only 40% of providers felt confident in their ability to treat these patients.

HOME AND COMMUNITY BASED SERVICES

The Olmstead decision strengthened the ability of people with disabilities to live in their homes and communities. The Medicaid

institutional bias had to be reworked. Now, more funding goes into keeping people with disabilities where they belong – at home with supports – rather than in facilities.

HEALTH INSURANCE DISCRIMINATION

After the ACA, for the first time insurance companies could not deny coverage, limit benefits, or cancel coverage due to pre-existing conditions. Although health disparities still exist, this was a huge step in anti-discrimination and protection of those with disabilities.

PHYSICIANS' PERCEPTIONS : DISABILITY & HEALTHCARE

82.4% reported that people with significant disability have worse quality of life than nondisabled people. Only 40.7% of physicians were very confident about their ability to provide equal quality care to patients with disability.

www.ncbi.nlm.nih.gov/pmc/articles/PMC8722582/



NEXT STEPS

Recently the National Center for Disability, Equity, and Intersectionality (formerly the Center on Dignity in Healthcare for People with Disabilities) did a gap analysis which determined disparities in four key areas:

- Prenatal diagnosis
- Mental health
- Organ transplants
- End-of-life Care

Findings included negative perceptions regarding prenatal diagnosis, lack of integrated physical/mental health care despite comorbidities, bias in quality of life resulting in inequitable eligibility for transplants, and avoiding misdiagnosis (“diagnostic overshadowing”) and the need to use person-centered planning for end-of-life care. The committees created recommendations to address these concerns for prenatal, mental health, transplant, and end-of-life care. The recommendations are helpful for both families and health professionals, and there are “easy read” versions for people with intellectual/developmental disabilities.

Another paper on 25 years of the ADA suggested that consideration be given to the UN Convention on the Rights of People with Disabilities, which still hasn't happened.² Although the ADA prohibits discrimination, the CRPD takes it further as a civil rights issue. For example, it is a human rights issue and rather than “distinguishing between people who are perceived as independent and valued in society from those who are dependent and devalued,” it has a broader definition of equality based on supports and accommodations.

There is now recognition of people with disabilities as an underserved population experiencing disparities in healthcare. Individuals with disabilities and their families need to be aware of their rights. If they think there is discrimination in healthcare, they can contact Protection and Advocacy, sometimes called Disability Rights, in their state. More is being done in this area by national organizations, but more still needs to be done. •

2. https://lawreviewdrake.files.wordpress.com/2015/07/lrvol63-3_kanter.pdf

ABOUT THE AUTHOR:



Lauren Agoratus, M.A. is the NJ Coordinator for Family Voices, NJ Regional Coordinator for the Family-to-Family Health Information Center, and Product Development Coordinator for RAISE (Resources for Advocacy, Independence, Self-Determination, and Employment). She also serves as NJ representative for the Caregiver Community Action Network as a volunteer. Nationally, Lauren has served on the Center for Dignity in Healthcare for People with Disabilities transplant committee (antidiscrimination), Center for Health Care Strategies Medicaid Workgroup on Family Engagement, Family Advisor for Children & Youth with Special Health Care Needs National Research Network, National Quality Forum-Pediatric Measures Steering Committee, and Population Health for Children with Medical Complexity Project-UCLA. She has written blogs and articles nationally, including publications in 2 academic journals (<https://pubmed.ncbi.nlm.nih.gov/?term=agoratus+l>). Lauren was named a Hero Advocate by Exceptional Parent Magazine (www.epmagazine.com Archives June 2022).

FIGHTING DISCRIMINATION : RESOURCES



HEALTH EQUITY FRAMEWORK FOR PEOPLE WITH DISABILITIES

https://ncd.gov/sites/default/files/NCD_Health_Equity_Framework.pdf



NATIONAL CENTER FOR DISABILITY, EQUITY, AND INTERSECTIONALITY

Recommendations

<https://thinkequitable.com/subcommittees>



National Center on Disability in Public Health
Public health is for everyone.

AUCD'S NATIONAL CENTER ON DISABILITY IN PUBLIC HEALTH

<https://nationalcenterdph.org>



NATIONAL INSTITUTES OF HEALTH

Persons with Disabilities as an Unrecognized Health Disparity Population

www.ncbi.nlm.nih.gov/pmc/articles/PMC4355692



National Association of County & City Health Officials

NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS

www.naccho.org/programs/community-health/disability



Administration for Community Living

PROTECTION AND ADVOCACY (DISABILITY RIGHTS)

<https://acl.gov/programs/find-your-pa-agency>



BanTec SANITIZING

EXPOSURE RESPONSE

BANTEC SANITIZING IS YOUR ALLY IN THE FIGHT AGAINST COVID-19

With efficient and affordable solutions for cleaning and safely sanitizing residential, school and business settings, BanTec Sanitizing can help you prepare for living, learning and working in a safe and healthy environment.

COMMERCIAL AND RESIDENTIAL CLEANING PRODUCTS & SERVICES



HOME



SCHOOL



OFFICE

EXCLUSIVE OFFER

BANTEC DISINFECTING KIT

Easy for anyone to use in multiple environments to protect themselves by disinfecting touch surfaces they encounter throughout the day. Perfect for use between cleanings. Featuring Enviro-Pro[®] products which meet the EPA's criteria for use against the novel coronavirus. Each kit contains:

- 3 gallons CleanSmart Enviro-Pro
- 1 1 oz. dispensing pump
- 1 1/8 oz. dispensing pump
- 2 each 32-oz. Enviro-Pro labeled spray bottles
- 2 each spray bottles triggers
- 1 box of disposable gloves
- 1 pack of 12 machine washable microfiber cloths
- 2 each disposable, non-medical face masks
- 1 pack disposable dusting sheets
- Directions, tips and more.



www.bantec.store/products/bantec-disinfecting-kit



INDUSTRY INNOVATOR

BANTEC AUTONOMOUS SOLUTIONS

BanTec Sanitizing has expanded its variety of products and services to help facility managers, safety professionals, and maintenance personnel to include autonomous health monitoring, sanitizing and teaching self-driving humanoid robots. Systems such as the Cruzr Health Monitor, below, can improve workplace safety and present helpful information.

Autonomous Mobile Solution

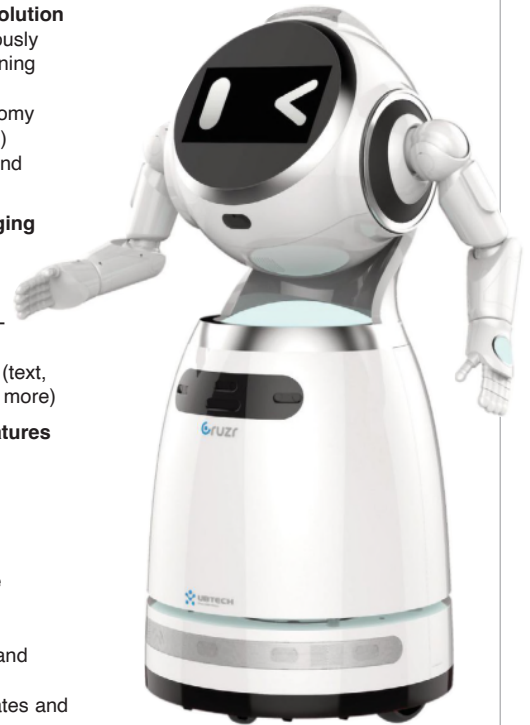
- Navigates autonomously
- No manual repositioning needed
- Up to 8 hours autonomy (6 hours to recharge)
- Automatic docking and recharging

Interactive and Engaging Humanoid Robot

- Speaks multiple languages
- Detects human presence
- Deploys information (text, pictures, videos and more)

Health Monitoring Features

- Body temperature measurement and notification
- Mask detection and notification
- Increases workplace efficiency
- Engaging, reliable, systematic, tireless and user-friendly
- Reduces infection rates and associated costs



<https://bantec.store/products/cruzz-health-monitor>



A DIVISION OF
BANTEC

www.bantec.store



“Working lets me...

keep contributing.”



earn a living.”



provide for my family.”

be there for the team.”



Working Works.

America works best when *all* Americans can work. Ensuring workers can stay on the job or return to work following an injury or illness is essential to America's economy.

WhatCanYouDoCampaign.org



OFFICE OF DISABILITY EMPLOYMENT POLICY
UNITED STATES DEPARTMENT OF LABOR

What can YOU do?
THE CAMPAIGN FOR
DISABILITY EMPLOYMENT

SUMMER SAFETY: DON'T GET BUGGED BY FLEAS AND TICKS

BY PRIYA SONI, MD

WHAT CAN YOU DO TO PREVENT TICK BITES?

There are several precautions to take before you hit the trails that can prevent bites, such as:

- Wear long-sleeved shirts and long pants.
- Tuck the bottom of your pants into your boots or socks.
- Apply tick repellent to clothing. Products with DEET will repel ticks and products with permethrin will kill ticks on contact.
- Avoid hiking in tall grass or heavily wooded areas because ticks tend to live and thrive in those areas.
- Try to hike in the center of the trail to reduce contact with ticks.

HOW DO YOU CHECK FOR TICKS WHEN YOU GET HOME?

"The best place to inspect for ticks is in the shower. When you are inspecting your child check around the ears, near the hair line, under the arms, behind the legs and even inside the belly button because ticks like those crevices.

HOW DO YOU REMOVE A TICK?

To remove a tick use a tweezer, and you want to apply the force of the tweezer at the base of the tick and pull up. You don't want to twist the tick off because you can leave parts of the tick inside embedded in the skin. If a tick is noticed within 24-hours of the hike or bite, and you are able to successfully remove it, the risk of transmission of any tickborne disease is very, very low.

WHAT CAN TICK BITES CAUSE?

Ticks that carry the bacteria that cause Lyme disease can also carry other bacteria and cause infections known as Anaplasmosis and Ehrlichiosis. Symptoms of both can include fever, muscle aches, weakness and headache. Unlike Lyme disease, a rash is not as common. Symptoms usually occur one to two weeks after a bite from an infected tick. In both cases, they can be treated with proper antibiotics. Not every bite from an infected tick however, results in an infection.

WHAT OTHER BITES DO HIKERS NEED TO WATCH OUT FOR?

It's very important for parents to also understand that ticks are not the only thing that can bite. Infections can be caused by fleas. It is called "flea-borne typhus" and it is caused by a Rickettsial bacteria causing infection. Animals that can carry these infected fleas include cats, wild possums, rats and mice. The infection is usually characterized by high grade fever, a rash as well as a bad headache. It's very important for parents to be aware if that their child goes hiking and has these symptoms, that could be from exposure to an infected flea.

Overall, the best advice is prevention, by wearing the right clothing and using repellents. But if you suspect someone in your family has a flea or tick infection, it's important to let your doctor know you've been hiking to get the proper diagnosis. •

ABOUT THE AUTHOR:



Dr. Priya Soni is an Assistant Professor of Pediatric Infectious Diseases at Cedars-Sinai Medical Center and UCLA David Geffen School of Medicine in Los Angeles, CA. She is a clinician who cares for children with complex infections, including those who are immunocompromised. Additionally, she is a clinical researcher who studies the role of intestinal permeability, gut microbiome, metabolomics, and host immune responses during human Kawasaki Disease. Since the start of the pandemic, her academic focus has shifted as she has become a key leader in the Cedars-Sinai response to COVID-19. Her research focus has now expanded to better understand COVID-19 in children through her involvement in several collaborative studies.

ABLE ACCOUNTS

A FINANCIAL TOOL FOR INDIVIDUALS WITH DISABILITIES AND THEIR FAMILIES TO SAVE FOR THE FUTURE

BY SARA HART WEIR

The Stephen Beck, Jr., Achieving a Better Life Experience (ABLE) Act of 2014 established a new savings and investment tool called ABLE accounts exclusively for people with disabilities. ABLE accounts allow individuals with disabilities to save money beyond asset limits set by the disability benefits programs, such as SSI and Medicaid. ABLE accounts foster person-centered independence, build self-reliance, encourage employment and improve quality of life.

READY AND WILLING : PROVIDING FAMILIES WITH THE FINANCIAL PLANNING SUPPORTS THEY NEED



WHAT ARE ABLE ACCOUNTS?

An ABLE account is a tax-advantaged savings and investment account that empowers people with disabilities to save money without losing eligibility of disability benefits. ABLE account funds can be used for every day expenses as well as used to save for the future.

When Congress passed the ABLE Act, it established "Qualified Disability Expenses" (QDEs) for people with disabilities, to be empowered to not only save and invest money in their ABLE accounts, but to also spend it. Money spent from an ABLE Account should relate to the disability, and help maintain or improve health, independence, or quality of life. You can learn more about QDEs by visiting our website at: <https://www.abletoday.org/qualified-expenses>.



DO I QUALIFY FOR AN ABLE ACCOUNT?

ABLE accounts are available to people with disabilities, whose disability began before their 26th birthday. The disability must be long term (lasting at least 12 months), and it must cause "marked and severe functional limitations."

In addition, a person with a disability must also meet one of the following criteria to open an ABLE account:

1. *be eligible to receive SSI or SSDI due to their disability*
2. *have a condition on the SSA's List of Compassionate Allowances Conditions*
3. *you have a disability diagnosis from a doctor.*

It's important to also note that the individual with a disability does not need to be on disability benefits to open up an ABLE account, you only need to meet the definition of disability according to the Social Security Administration (SSA).



WHAT ARE THE BENEFITS OF HAVING AN ABLE ACCOUNT?

ABLE accounts allow people with disabilities to save money that is not counted toward asset limitations set by means-tested benefit programs, such as Medicaid or SSI. "Asset limits" prevent people with disabilities from saving money beyond \$2,000 (a typical asset limit) and planning for their future.

Anyone can contribute to an ABLE account – including the account owner, friends, family, organizations, nonprofits, and employers – up to \$17,000 per year. If the account owner is working and not already contributing to a workplace retirement plan, they can contribute an additional amount equal to their current year's gross income (up to a maximum of \$13,590 in

According to data from the National Association of State Treasurers (NAST), there are more than 144,000 total ABLÉ accounts with over \$1.39 billion in assets under management (AUM). While 144,000 individuals with disabilities (and their families) have opened up ABLÉ accounts across the country - today, there are 8 million individuals with disabilities eligible to open up an ABLÉ account.

ABLÉ accounts are a “best kept secret” for the disability community. This is why NAST launched its ABLÉ today initiative last year, with generous support from the Wells Fargo Foundation, to help spread the word about these life-changing financial tools.

Our mission at ABLÉ today is to advance financial empowerment for people with disabilities by increasing the awareness of ABLÉ accounts. ABLÉ today supports national outreach for ABLÉ

programs, directly engages the disability community, and provides resources on ABLÉ accounts. By directly connecting with the disability community, ABLÉ today can educate self-advocates and provide families with the financial planning supports they may need to ensure that their child with a disability can lead a full, financially independent life. •



ABOUT THE AUTHOR:

Sara Hart Weir is a national ABLÉ expert, nonprofit executive and disability activist. Weir serves as a senior advisor to ABLÉ today. Weir is the former President & C.E.O. of the National Down Syndrome Society (NDSS), where during her tenure at NDSS, she led the passage of the landmark, bipartisan Stephen Beck Jr., Achieving a

Better Life Experience (ABLE) Act in 2014 (P.L.113-295). Weir also supported a majority of the enactment of ABLÉ state laws, assisted with over 40 state ABLÉ plan launches as well as led efforts to expand ABLÉ to include the ABLÉ to Work Act and the ABLÉ Financial Planning Act. Weir has a Bachelor of Arts in Psychology and Political Leadership from Westminster College and a Master of Science in Public Policy and Management from Carnegie Mellon University's Heinz College.

ABOUT ABLÉ TODAY



ABLE today, launched by the National Association of State Treasurers Foundation (NAST Foundation) in 2022, is a national awareness and educational initiative aimed at advancing financial empowerment and community inclusion for people with disabilities through ABLÉ accounts. ABLÉ today's mission is to advance financial empowerment for people with disabilities by increasing the awareness of ABLÉ accounts. For more information, please visit www.abletoday.org

2023). There are lifetime balance limits for the various state ABLÉ Programs, which range from around \$300k to over \$500k.

Through an ABLÉ account, imagine for the first time having:

- *The opportunity to save over a \$2,000 limit*
- *The ability to accumulate wealth without jeopardizing eligibility for benefit programs*
- *The ability to save for a down payment on your first home*
- *The choice to work more for the chance to earn more income*
- *The empowerment of changing your financial plan from monthly to yearly.*



HOW DO YOU OPEN AN ABLÉ ACCOUNT?

ABLÉ programs allow you to either enroll online and/or submit a paper application. The account also offers flex-

ible enrollment, as the individual with the disability can open and manage their own account, or a support person can oversee account management.

When researching ABLÉ plans, we encourage you to consider your home state's plan(s) first, as your state may offer state tax or other incentives to residents using an in-state plan.

To find the ABLÉ account for you, visit abletoday.org/able-programs.



ABLE ACCESSIBILITY & EDUCATION TOOLS

ABLE today offers a comprehensive set of accessible educational tools for the disability community. ABLÉ today, Communication Service for the Deaf (CSD), and the Wells Fargo Foundation recently partnered together to create and launch an ASL Resource to raise ABLÉ awareness, specifically for the deaf and hard of hearing community available in English and Spanish.

This ABLÉ ASL Resource also features native ASL users presenting the information on ABLÉ accounts and the video was produced by members of the deaf and hard of hearing (D/HH) community.



PARTNER WITH ABLÉ TODAY

Let's support each other in helping get the word out about ABLÉ accounts. If you're interested in becoming an ABLÉ today partner, requesting a presentation, or to help with promoting ABLÉ accounts nationwide, please let us know by dropping us an email at:

info@abletoday.org. Our vision is to provide resources on ABLÉ accounts including background, benefits, and impactful opportunities for people with disabilities. You can also follow us on social media for the most up to date nationwide ABLÉ updates by visiting our website at: www.abletoday.org.



REALIZE WHAT'S POSSIBLE

WOUNDED WARRIOR

Beth King

“Wounded Warrior Project helped me find the strength to go further than I ever thought possible.”

Since 2003, the sole focus of Wounded Warrior Project® (WWP) has been to serve those who have dedicated their lives to serving our country. WWP will continue to honor and empower post-9/11 veterans, service members, and their families for the next 20 years and beyond — because their service and sacrifice matter.



JOIN • SUPPORT • ADVOCATE

Learn more at woundedwarriorproject.org/empower





FROM OUR FAMILIES... TO YOUR FAMILIES

MILITARY

SECTION



MILITARY LIFE

44 THE TRANSFORMATIVE POWER OF ADAPTIVE SPORTS PROGRAMS

DAN GNOSSEN

46 SETTING GOALS AND OVERCOMING OBSTACLES

BOOK EXCERPT 8TH OF A SERIES

48 THE RESILIENT WARRIOR

By Nick Benas and Buzz Bryan

PUZZLES AND CAMO

50 EVERY TWO YEARS

By Shelly Huhtanen



MILITARY LIFE

THE TRANSFORMATIVE POWER OF ADAPTIVE SPORTS PROGRAMS



For many years, people with disabilities have been using sports as a therapeutic tool. It helps them overcome serious injury or illness and is a means of recovery. They fight their personal battles on the track, in the pool and on the court. Their drive to overcome, recover and push through obstacles sends a powerful message: Serious injury or illness does not interrupt the pursuit of a meaningful and productive life.

Recognizing this, the Department of Defense and the United States Olympic Committee, created the Warrior Games (<https://dodwarriorgames.com>) This inter-service adaptive sports competition showcases the resilient spirit of today's wounded, ill and injured service members. Athletes from all branches of the military compete against each other in a range of adaptive sporting events. Having overcome severe injuries and medical conditions, the service members embody the warrior spirit. They serve as role models for other survivors worldwide.

BATTLE-TESTED: U.S. Marine Sgt. Peter Keating (left) meets retired U.S. Army Staff Sgt. Michael Murphy at the finish line of a race during the 2022 Department of Defense Warrior Games at the ESPN Wide World of Sports Complex in Orlando, Florida, Aug. 25, 2022.

The United Kingdom's Prince Harry founded the Invictus Games (<https://invictusgamesfoundation.org>) after attending the 2013 Warrior Games in Colorado. He saw the impact that sports played in the recovery of service members and was inspired to launch a similar event. He designed the Invictus Games for wounded, ill and injured military members and veterans from around the world. It also uses sports to promote healing and support recovery.

WARRIOR GAMES, INVICTUS GAMES: SPORTS AS MEDICINE

Many athletes say that participating in adaptive sports:

- Boosts their self-esteem
- Improves their mental and physical health
- Increases their strength
- Makes them more resilient

Recently, scientists began to purposefully measure the effects of adaptive sports programs. They want to determine adaptive sports programs role in rehabilitation.

A HOLISTIC APPROACH TO RECOVERY, REHABILITATION AND COMMUNITY REINTEGRATION

Adaptive sports and other reconditioning activities help service members come to terms with traumatic injuries or illness by inspiring them to realize what is still achievable by focusing on ability.

Adaptive sports promotes holistic growth and achievement by addressing several factors, including:

- *Being part of a team promotes a sense of belonging and peer support, of knowing you're not alone in your struggle.*
- *The opportunity to renew the power of service to country and strong desire to pursue a higher purpose that have always inspired service members in combat and life.*
- *Competition rekindles the sense of passion and determination of the warrior spirit that is part of a service member's DNA, the courage to move forward despite barriers and obstacles.*
- *The chance to be celebrated and recognized, supported by family, friends and people from around the world, boosts self-worth and self-efficacy.*

Adaptive sports engages service members and veterans mentally, emotionally, spiritually, physically and socially. It helps them find hope and strength through their common experiences.

According to the Defense Health Agency's Warrior Care Recovery Coordination Program, the benefits of physical activity for ill and injured service members also include:

- Reduced stress
- Increased quality of life
- Lowered blood pressure
- Improved weight management
- Enhanced rehabilitative process

FINDING AN ADAPTIVE SPORTS PROGRAM

The Defense Health Agency's Warrior Care Recovery Coordination Program oversees the Military Adaptive Sports Program (<https://warriorcare.dodlive.mil/Care-Coordination/masp>). MASP provides reconditioning activities and competitive athletic opportunities to all wounded, ill and injured service members. The program empowers wounded, ill and injured service members through physical and mental activities that engage, stimulate and inspire recovery. Offerings include:

- *A weekly calendar with suggestions for activities service members can do by themselves or with their families to improve their skills and stay connected*
- *Virtual clinics in swimming, cycling, archery, wheelchair rugby, track and field, healthy mind and body, powerlifting and cooking*
- *Access to healing arts initiatives*

Each service branch also offers their own wounded warrior program:

- Army Wounded Warrior: [https://myarmybenefits.us.army.mil/Benefit-Library/Federal-Benefits/Army-Recovery-Care-Program-\(ARCP\)-\(formerly-known-as-Army-Wounded-Warrior-Program-\(AW2\)\)](https://myarmybenefits.us.army.mil/Benefit-Library/Federal-Benefits/Army-Recovery-Care-Program-(ARCP)-(formerly-known-as-Army-Wounded-Warrior-Program-(AW2)))
- Army Recovery Care Program: [https://myarmybenefits.us.army.mil/Benefit-Library/Federal-Benefits/Army-Recovery-Care-Program-\(ARCP\)-\(formerly-known-as-Army-Wounded-Warrior-Program-\(AW2\)\)](https://myarmybenefits.us.army.mil/Benefit-Library/Federal-Benefits/Army-Recovery-Care-Program-(ARCP)-(formerly-known-as-Army-Wounded-Warrior-Program-(AW2)))
- Marine Corps Wounded Warrior Regiment: www.woundedwarrior.marines.mil
- Navy Wounded Warrior: www.navywoundedwarrior.com/
- Air Force Wounded Warrior Program: www.woundedwarrior.af.mil

Special Operations Command Warrior Care Program (Care Coalition); www.socom.mil/care-coalition

In addition, the Department of Veterans Affairs Office of National Veterans Sports Programs and Special Events cosponsors adaptive sports clinics and competitive events for disabled veterans of all ages and abilities. This includes the Grants for Adaptive Sports Programs, which provides grant funding to organizations to increase and expand the quantity and quality of community-based adaptive sports activities for veterans with disabilities and members of the armed forces. To find out more, visit the VA National Veterans Sports Programs and Special Events website at www.blogs.va.gov/nvspse •

– Military OneSource

FIGHT ANOTHER DAY : THE MILITARY & ADAPTIVE SPORTS



DEPARTMENT OF DEFENSE WARRIOR GAMES.

<https://dodwarriorgames.com>



INVICTUS GAMES
www.invictusgamesfoundation.org

DAN CROSSEN

SETTING GOALS AND OVERCOMING OBSTACLES



Dan Crossen, a true patriot, was raised on the farmlands of Kansas. Early on Dan knew he wanted to serve his country. Upon graduating high school, he was accepted at the U.S. Naval Academy and spent the next four years relentlessly pursuing selection for SEAL training.

One of only 16 members of his class given the opportunity to enter Basic Underwater Demolition/SEAL training as an officer, Dan successfully completed the grueling process in the fall of 2003.

Over the next six years, Dan was deployed multiple times to Iraq and Afghanistan and rose in rank to become the officer-in-charge of an 18-man SEAL platoon. Dan was

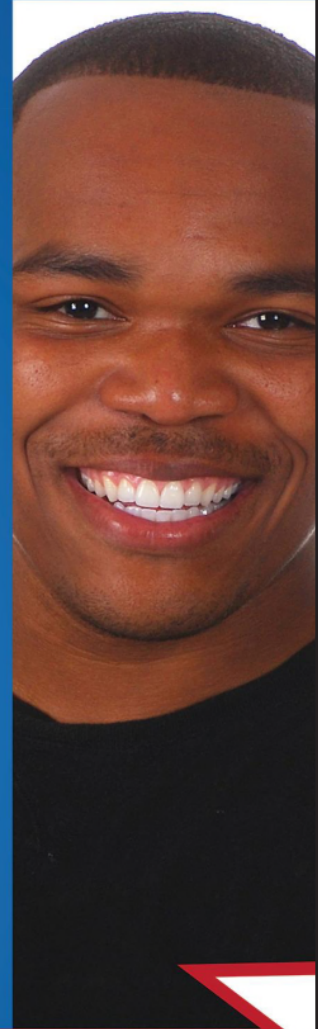
awarded the Purple Heart and Bronze Star with Valor.

From Dan's website: Mental Toughness; Grit; Goal Setting: "Navy SEALs don't tolerate inefficiency, excuses and mediocrity."

Read more about the inspiring story of Dan Crossen; setting goals and overcoming obstacles, in his interview with our Editor In Chief, on page 16.

Your VA & DoD Benefits. Online.

Register Now



www.ebenefits.va.gov

“I just checked my VA disability claim status. Online.”

Whether you are a Wounded Warrior, Service member, Veteran, or family member, eBenefits is your online source for VA & DoD benefits information and service. Get personalized VA & DoD information, manage your benefits claims and much more. Register for a Premium eBenefits Account at www.ebenefits.va.gov.



eBenefits
www.ebenefits.va.gov



THE RESILIENT WARRIOR

CREATING A SANCTUARY WHERE YOU LIVE

BY GWEN LAWRENCE

*Book Editor's Note: Featuring self-help, mental health, and mind and body tactics from a variety of sources – veterans, former and active U.S. Marines, Navy, Army Rangers, Green Berets, family members and caretakers – **The Resilient Warrior** is collaborative collection providing needed wisdom for complete well-being for all of us. The first step to thriving is surviving, and the first step to surviving is knowing how to get what you need, when you need it. The following excerpt of this essential self-help guide to living a healthy, resilient, fulfilled and better life is the eighth in a series that EP Magazine has featured over the last several months.*

Prioritize your personal space and make it your sanctuary for health and well-being. In my experience of working with warriors, I prefer to give them ways to address all their senses. We all have different ways of manifesting PTSD and trauma, so I feel that by giving options, I stand the best chance of helping them to cope. It is about creating a sanctuary in your own home or room, no matter what socioeconomic situation you are in. You have the power to create a space that is safe and brings complete joy. Your eyes must be able to relax in your home.

Execute a plan to token your home. Your home should represent you in every way, not what people have gifted you. Obligation to display things that may have even a remote negative feeling is not where you want to be each day. You should engage every sense when arranging your home, what you see must be pleasing, what you hear must be in alignment with your vibration, what you taste must be delicious, everything you touch must feel cozy and comfy, and of course your home must always smell good.

Find a place for everything, and take time in the morning to make your bed and straighten up. I know for me personally; I cannot take on my day with clients or projects if I know my kitchen is a mess.

Maintenance is the key. If you make one cleanup day a week, it could prove to be an insurmountable task. Instead, daily maintenance and a comprehensive chore list is the way to go. Quarterly, go through your drawers, cabinets, and closets

to get rid of things no longer useful for you, and create space and organization that is most pleasing to your eye. You do not have to go crazy, but I guarantee you will find comfort and relaxation in an atheistically pleasing environment you can be proud of.

Smell is important in your home. Consider getting an air cleaning plant (or two) to refresh the oxygen in your home. Better oxygenation has been proven to lead to clearer thinking, better body function, and organ function. Consider getting some aromatherapy in the form of an oil diffuser. I like this better than candles, because most candles are not only a fire risk, but are made with harmful chemicals. By getting a diffuser and set of oils, you can choose to set the fragrance according to your needs each day. If you are stressed and cannot sleep, for example, try lavender. If you are low energy, try orange oil. If you feel as though you may be starting to get sick, explore mints or tea tree oil. Aromatherapy is a very ancient art that utilizes the olfactory system to influence our moods and health. There are many places online where you can get free information.

Understand the importance of breathing. If you learn basic diagrammatic breathing techniques, which are essentially breathing in and out of your nose and deep into your belly, you can learn to shut down your fight or flight response, help yourself to relax, let go of stress and anxiety, and take a moment of down time. Do this type of breathing for 1 to 3 minutes before getting out of bed, any time the day gets ahead of you, or your anxiety is on the rise. The great thing is this type of mindfulness technique can be done anywhere, at any time, not just while lying down with your eyes shut.

Hearing is important. For centuries, the importance of sound vibrations on the mood have been researched and discussed. Try to choose only uplifting music that invokes positive feelings and not negative memories. Instead of the TV, turn on your favorite tunes and watch the mood change, the body lighten, and just plain have fun. As the saying goes, “dance as though nobody is watching!”

Touch is important when trying to create the home sanctuary. If you have blankets, sheets or furniture that you do not feel loved and cozy in, donate them and replace them with soft, pleasing textiles. If you can't afford new furniture, try getting large soft blankets and draping your couch or favorite chair with it. The results of a hug from your furniture are bound to relax you and suspend your stress.

Taste is important. You should feed your body right for optimum living. Always remember: garbage in, garbage out. If you are eating less-than nutritious foods, your body cannot heal, thrive, or grow. In fact, it will have a hard time surviving and will instead feed “dis-ease”. So, take the time to make great

choices. There are times to have treats, but do not make it a habit. Try to eat 24 grams or less of sugar per day, half your body weight in ounces of protein per day, and drink plenty of water. As an estimate, take your body weight and multiply it by 10; that is the basic number of calories you need per day to maintain your body weight.

Commit to positive talk. This is important because, once again: garbage in, garbage out! If you are lying, gossiping, and participating in hurtful speech, you are attracting it all back to you. Those actions are thought of as undesirable and unproductive.

The mentioned activities take time to learn and practice, but it is possible, and you will see amazing results. •



ABOUT THE AUTHORS:



Gwen Lawrence has been a practicing fitness professional since 1990. Her current practice includes private yoga trainings, class instruction, team instruction, her Power Yoga for Sports - sports specific training, TV appearances, writing, workshops and radio. Gwen's unique combination of dance, massage therapy, and yoga training experience, coupled with her extensive knowledge of anatomy and nutrition, provides her clients and athletes with overwhelming results. Over the years, Gwen has been the yoga instructor teams including: NY Giants, NY Knicks, NY Mets, NY Red Bulls, NY Rangers, NYC FC, members of the NY Yankees, as well as major colleges like: Columbia, Yale, Manhattan, UNC and more. Gwen owns her own Yoga school registered to certify students with 200 and 300-hour trainings, along with her online Power Yoga for Sports Teacher Training. www.gwenlawrence.com



Nick Benas grew up in Guilford, Connecticut. The author of *Mental Health Emergencies*, *Warrior Wisdom*, *Tactical Mobility*, and co-author of *The Warrior's Book of Virtues*, Benas is a former United States Marine Sergeant and Iraqi Combat Veteran with a background in Martial Arts (2nd Dan Black Belt in Tae Kwon-Do and Green Belt Instructor in Marine Corps Martial Arts Program). Nick attended Southern Connecticut State University for his undergraduate degree in Sociology and his M.S. in Public Policy. He has been featured for his business success and entrepreneurship by more than 50 major media outlets, including *Entrepreneur Magazine*, *Men's Health*, ABC, FOX, ESPN, and CNBC.



Richard “Buzz” Bryan is currently the Outreach Coordinator for the West Palm Beach VA medical center. The co-author of *The Warrior's Book of Virtues*, Buzz previously served as the OEF/OIF Transition Patient Advocate (TPA) for the Veterans Integrated Service Network (VISN4) based in Pittsburgh, PA for ten years, working specifically with Iraq and Afghanistan veterans. Buzz was a member of the Navy/Marine Corps team and retired from the United States Navy in July 2011 after 22 years of honorable service as a Fleet Marine Force Senior Chief Hospital Corpsman.

Every Two Years

Mark sensed I was off and reminded me what I already knew. Broden was still the same kiddo as last week. Those tests weren't going to tell me what he was or wasn't.

Mark and I sat on the couch to review the testing results for Broden. Every two years, Tricare requires children with autism to be tested to see if they still have the diagnosis, and to assess if the child still qualifies for ABA (Applied Behavior Analysis) services. We know the drill and we know the results will not surprise us. Everyone in the room knows that autism has not miraculously evaporated from his body, and although we question Tricare's numerous and at times, outlandish hurdles, Mark and I still sift through paperwork and make psychologist appointments. The paperwork and appointments are what stand between Broden and the therapy he needs, so there's no hesitation.



It doesn't seem to matter how many times we go through this process. We try to prepare ourselves emotionally, "We're checking the block. It doesn't change anything." That doesn't seem to matter. I end up feeling like a wound is reopened, and I'm sitting on the couch facing the psychologist slowly hemorrhaging. It's not the psychologist's fault. They're doing their job, and I can tell by the way they spoke with us last week that they are aware this is not our first rodeo. "Broden is still severe. These tests do not truly show what he's capable of, but by the ways of measurement we have to utilize, cognitively he is around three years

CARRYING A TUNE: Broden in an exercise session; "As we walked down the hall to Mark's office, Broden started playing the song "Cruel Summer" by Bananarama. Heads started to peak out into the hallway. They smiled, 'It's Broden. We thought we heard music.'"



old." I gave her a blank stare, then responded, "Yea, but that's not true. He knows what's going on." The psychologist nodded in agreement and could sense my frustration. We quickly agreed that it was best for Broden to continue services, and the paperwork would be submitted to Tricare to continue care.

For a few days, I was in a funk. I'm not sure why. Broden was diagnosed with autism over 15 years ago. This is not a shock or a surprise. Honestly, I was telling myself to get over it and stop moping around. You'd think it was the year 2008 all over again. Mark sensed I was off and reminded me what I already

knew. Broden was still the same kiddo as last week. Mark was right. He was still Broden. He was still the kiddo that tells me to turn the music up so he can hear it better in the car. Those tests weren't going to tell me what he was or wasn't.

A few days later after picking Broden up from clinic, I asked him if he wanted to visit his Dad at work. He nodded "yes" so I texted Mark and asked if he was in a meeting, "No, I'm just going through emails. I'd love to see you guys." As we walked down the hall to Mark's office, Broden started playing the song "Cruel Summer" by Bananarama. Heads started to peak out into the hallway. They smiled, "It's Broden. We thought we heard music." Evelyn, someone who works down the hall from Mark, greeted Broden in the hallway, "I'm so happy to see you. How are you?" Broden walked up close to her, looked her in the eyes and said, "I'm proud of you." Evelyn looked at me warmly and said, "I needed to hear that." She smiled back at Broden, "Thank you, Broden. You made my day." I told her that I had never heard him say that to anyone before. He must have felt that she needed to hear it. After getting some hugs from Mark, we headed back to the car to drive home.

Today, I spent some time with my friend, Trina. Her living room couch is a safe place to vent. She has experience working with children who have disabilities, and she has a way of reminding me that some of these hurdles are just that. They're hurdles. Trina said today, "Shelly, there's something about Broden's eyes. He can give me one look and I know what he's trying to tell me." She reminded me that those tests that are done every two years, are just a general measurement so we can keep pushing forward, "He's definitely a teenager! Only a teenager can look so annoyed while having to wait on their mom." Trina was right. I know who he is and I was not going to let a test define what he can do, or tell me at what level he is processing information.

As I was leaving her house and trekking down the hill back to my house, I remembered a time a few months ago when I was in the parking lot of the clinic. I was watching Broden learn landscap-

"My friend Trina was right. I know who Broden is and I was not going to let a test define what he can do, or tell me at what level he is processing information."

ing skills for pre-employment training. Broden noticed our car and looked over at me with an annoyed look. The last place he wanted to be was listening to someone explain to him how to rake leaves. Eventually, it was his turn to practice. He rolled his eyes. He took the rake, and looked over at me with a straight

face, while he dragged the rake over the leaves with one hand. At that moment I thought, "Oh my gosh. He is acting exactly like a 17-year-old kid."

Today, I was reminded that we can fill out the paperwork. We can send him for testing and we can head back to listen to the result, because it doesn't change who Broden is as a person. He still makes people smile. He knows how to show love to people around him, and he continues to have the love of music. There isn't a test for that. •

PUZZLES & CAMO

Shelly Huhtanen is an Army wife stationed at Fort Jackson, SC. She enjoys sharing her experiences of her day-to-day life caring for her son with autism. Shelly authored *Giving a Voice to the Silent Many* that encompasses many stories of raising a child with autism in the military. She also teaches Public Communication at the University of South Carolina and has contributed to *EP Magazine* for over 10 years.



NATIONAL MINORITY MENTAL HEALTH AWARENESS MONTH

Join @minorityhealth in addressing negative perceptions and stigma surrounding mental health this #MinorityMentalHealth Month. Learn how we can start the conversation about managing mental health: <https://minorityhealth.hhs.gov/minority-mental-health>



U.S. Department of Health and Human Services
Office of Minority Health

PRODUCTS AND SERVICES

ADAPTIVE/SPECIAL NEEDS BEDS

KAYSERBETTEN-US

P: 800-574-7880

E: ruthann@kayserbettenus.com

W: www.kayserbettenus.com

Tall Rail and Home Care beds with unique designs to meet safety and medical needs.



CLEANING/SANITIZING SOLUTIONS

BANTEC SANITIZING

www.bantec.store

Easy to use disinfecting products and safe, environmentally friendly hygiene strategies that are efficient and cost effective.

FINANCIAL PLANNING/ ESTATE PLANNING/ INSURANCE

MASS MUTUAL SPECIALCARE

www.massmutual.com/specialcare
Financial planning products and services by a company that cares.

THE AMERICAN COLLEGE OF FINANCIAL SERVICES

www.theamericancollege.edu
A private college focused on professional training for financial practitioners

NON-PROFIT

IRENE AND ERIC SIMON BRAIN RESEARCH FOUNDATION

www.iesbrainresearch.org
Helping to further research and find answers to addiction, pain and other brain diseases and disorders.



ADVERTISE IN EP MAGAZINE

Exceptional Parent Magazine, a print and digital publication for over 50 years, provides information on disabilities and special health care needs and is available for free (EP for Free) at www.epmagazine.com

EP provides informative articles, resources and inspirational stories for children and adults with disabilities and special healthcare needs. The information covers all ages from infancy to elderly. EP Magazine also includes a military section dedicated to the unique challenges of military families caring for loved ones with disabilities, including returning veterans.

EP Magazine has a varied and constantly growing readership of individuals, families, caregivers, education and medical professionals. Our partnership with various organizations and universities greatly increases our exposure nationwide.

We offer digital and print advertising opportunities for companies whose PR plan includes corporate warmth and/or companies with products & services they would like to advertise to our readers. Custom advertising packages can be created to meet your needs.

Contact Faye at epmagazinevp@gmail.com

COMING NEXT MONTH IN EP:

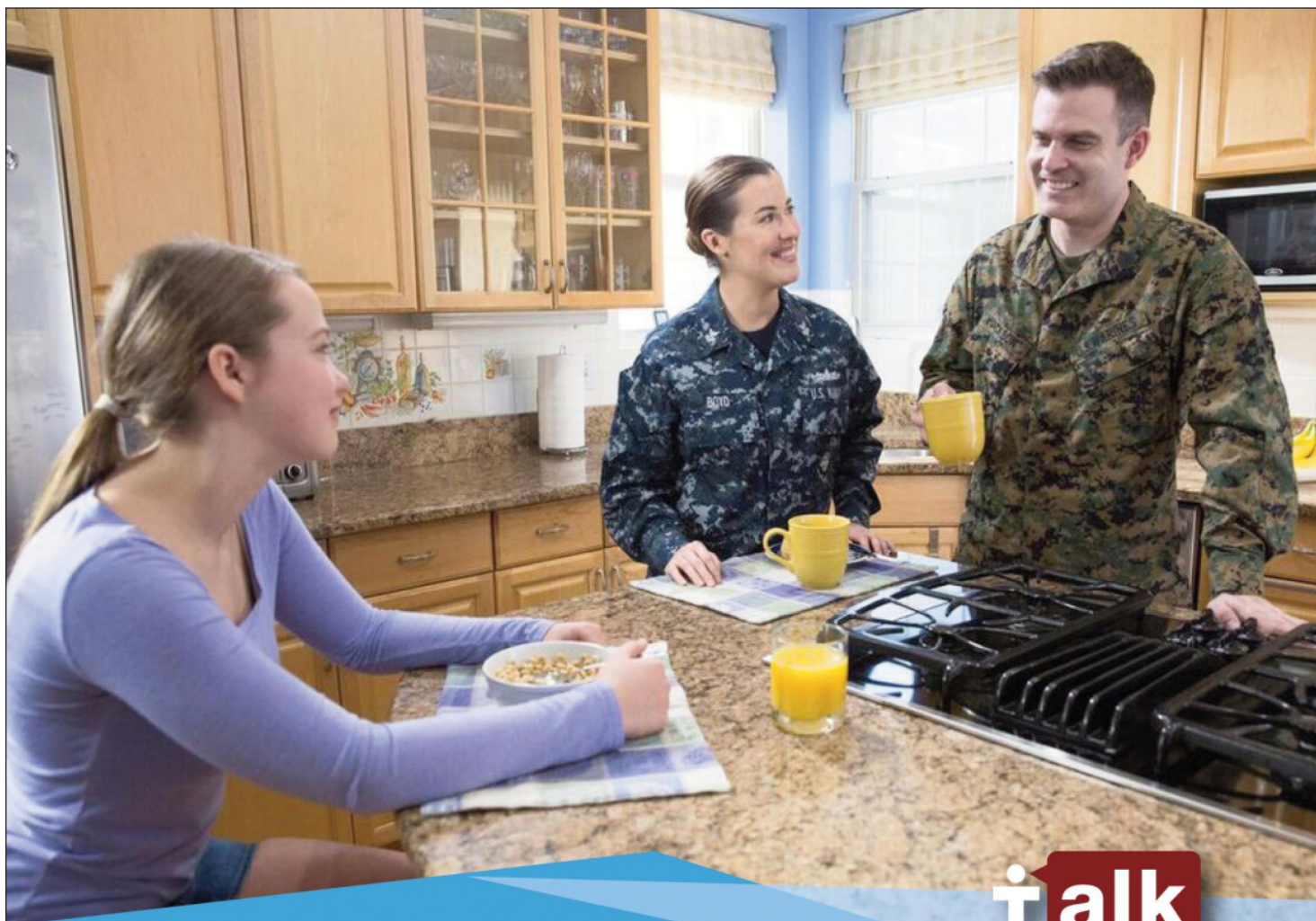
BACK TO SCHOOL



TO LEARN MORE
ABOUT ADVERTISING
OPPORTUNITIES

CALL 973-726-6218
OR EMAIL [EPMAGAZINEVP@GMAIL.COM](mailto:epmagazinevp@gmail.com)





talk
they hear you®

SHE WANTS TO HANG OUT WITH FRIENDS OUTSIDE OF SCHOOL.

Help her plan to resist peer pressure.

Fifty-three percent of people ages 12 to 17 got prescription pain relievers from a friend or relative. Talk to your children about having an “exit plan” if they are offered prescription pain relievers that don’t belong to them. Having a plan to avoid drug misuse can help children make better choices. For tips on how—and when—to begin the conversation, visit:

www.underageddrinking.samhsa.gov



SAMHSA
Substance Abuse and Mental Health
Services Administration

SMA-18-5091FLY



Special needs require *Special Care.*

When you're ready, we're here to help. MassMutual's *Special Care* program provides access to information, specialists and financial products and services to help families facing the financial responsibilities of raising a child with a disability or other special needs. To learn more about how a financial professional can help your family, visit [MassMutual.com/SpecialCare](https://www.massmutual.com/SpecialCare)

Insurance. Retirement. Investments.

 **MassMutual**

SpecialCare
a special needs program developed by MassMutual

Massachusetts Mutual Life Insurance Company (MassMutual), Springfield, MA 01111-0001. Insurance products issued by MassMutual, Springfield, MA 01111, and its subsidiaries, C.M. Life Insurance Co. and MML Bay State Life Insurance Co., Enfield, CT 06082. Securities offered through MML Investors Services, LLC, Member SIPC and a MassMutual subsidiary. CRN202012-222355