



# The Disability Analyst

Volumes 26-27 Issue 1 Official Newsletter of the American Board and College of Disability Analysts and Affiliated Organizations Spring 2018-19

<b>EXECUTIVE OFFICER EMERITUS</b> Dennis K. Chong, M.D., ABDA ABDA Central Office Belle Meade Office Park 4525 Harding Road Nashville, TN 37205	<b>ADMINISTRATIVE OFFICER/EDITOR</b> Kenneth N. Anchor, Ph.D., ABDA Center for Disability Studies Nashville, TN Fax 615-327-9235 E-mail: Americanbd@aol.com	<b>CONTINUING EDUCATION COORDINATOR</b> Gabriel Sella, M.D., ABDA Martins Ferry, Ohio <b>PUBLIC RELATIONS/SPECIAL PROJECTS</b> Stephanie Milford, MA Marietta, Georgia	<b>STUDENT EDITORS</b> Mary R. Saunders, MS Vanderbilt University Nina Markowitz, BA Washington University Caleb A. Speyrer, BS, OTS LSU School of Allied Health	<b>BUSINESS MANAGER</b> Lela Boggs ABDA Central Office <b>TECHNICAL CONSULTANT</b> Wesley Trigg, BA Fisk University
Ellyn Arwood, Ed.D., ABDA University of Portland Christopher R. Brown, D.D.S., M.P.S., ABDA, Versailles, IN William H. Burke, Ph.D., CRC, ABDA Portsmouth, NH	Shirley Chandler, Ph.D., ABDA Thomas College, Thomasville, GA Jennifer Delora, Ph.D., ABDA Hollywood, CA Thomas Felicetti, Ph.D., ABDA Beechwood Rehabilitation Service (PA/NJ)	<b>EDITORIAL CONSULTANTS</b> Steve Allison, DPT, ABDA Bossier City, LA Kenneth R. Fineman, Ph.D., ABDA Huntington Beach, CA Joseph Magaddino, Ph.D. California State University - Long Beach Assad Meymandi, M.D., FAPA, ABDA Raleigh, NC	William A. Mosier, Ed.D., ABDA Dayton, OH Louis A. Pagliaro, Ph.D., ABDA University of Alberta - Edmonton Don Ranney, M.D., FRCS, ABDA University of Waterloo David Samuels, JD Hartford, CT	Julie Smart, Ph.D., ABDA Utah State University Joel Stoner, JD Bowling Green, KY Kenneth J. Tarnowski, Ph.D., ABDA FL Gulf Coast Univ.

## INVITATION TO HOST CONFERENCE

As a membership driven association, interested members are invited to host a future conference. Proposals approved will be able to offer CEU certificates to attendees. Central Office will help provide publicity to members. Proposals should be e-mailed ([Americanbd@aol.com](mailto:Americanbd@aol.com)) or faxed (615) 327-9235 at least 8 months prior to proposed conference date. Proposals should include:

- 1) Date and location
- 2) Meeting host(s) and sponsor(s), if any
- 3) Speakers with biographical sketch, title and length of presentations.
- 4) Projected attendance approximation
- 5) Optional: Theme of conference (e.g., Forensic Practice Issues; Life Care Planning; Disability Evaluations)

Contact Central Office for further information at [americanbd@aol.com](mailto:americanbd@aol.com).



## NEW MAINTENANCE OF CERTIFICATION PROGRAM

ABDA recently launched a Maintenance of Certification (MOC) Program that is available to interested members on a voluntary basis. No examination is required. The certificate issued to participating members is valid for four years. An increasing number of agencies are requesting or even requiring

evidence of Maintenance of Certification and our organization wants to make available an unobtrusive path to do so. Nearly seven years of preparatory work went into establishing this new program. Contact Central Office for information. ([Americanbd@aol.com](mailto:Americanbd@aol.com))

## EMERITUS STATUS

We are pleased to announce that qualified members with **20 years or more of professional experience** as a Senior Disability Analyst and Diplomate and who have been board certified for no less than eight years are eligible to apply to upgrade their credential to Emeritus status. This designation may be used on all correspondence, business cards, letterhead, etc. as appropriate. If interested, please forward a request in writing, current vita and \$268 US processing fee issued to ABDA. Please send items to ABDA Credentialing and Certification Committee, Second Floor, 4525 Harding Road, Nashville, TN 37205.



## URGENT!

If you received this issue of The Disability Analyst newsletter in hard copy, it is because we do not yet have your E-mail address. As our organization strives to become increasingly green, we have sent out the great majority of this volume via e-mail. In the future we hope to closely approach 100% of our mailings using e-mails. **Your help is greatly needed.** If you have not yet provided your e-mail to the Central Office, please do so at your earliest convenience by contacting us at [americanbd@aol.com](mailto:americanbd@aol.com) or by fax 615- 327-9235. Recent issues of our newsletter and other valuable information and research links can always be accessed at no cost by members at our website: [www.americandisability.org](http://www.americandisability.org).

## LEGACY GIFTS

In recent years there have been an increasing number of inquiries regarding the establishment of funding various programs to honor members including some who have passed away. Several have already been established and the organization stands ready to establish more for interested persons. Please direct inquiries to Central Office at [americanbd@aol.com](mailto:americanbd@aol.com).

## CHANGE OF ADDRESS

Please keep the ABDA Central Office advised of **any change in your postal address** so there will be no interruption in your receiving items from the Central Office. All special correspondence will be by e-mail unless you notify us otherwise. Feel free to fax (615) 327-9235 or e-mail: [americanbd@aol.com](mailto:americanbd@aol.com) that information.

## E-MAIL ADDRESS

So far we have received e-mail addresses from most of the membership. The sooner we receive the remaining e-mail addresses, the more efficient we will be in alerting members to information they need to have before the publication of forthcoming issues of the newsletter and other information. E-mail addresses may be sent to our e-mail address at [americanbd@aol.com](mailto:americanbd@aol.com) or faxed to us at 615-327-9235.

## UPGRADING

Those practitioners currently board certified by ABDA as Disability Analyst and Fellow who have now completed at least nine years of professional experience in rehabilitation or healthcare may

be eligible to apply for Senior Diplomate status. If you wish to receive information on how to apply, please fax (615) 327-9235 or e-mail: [americanbd@aol.com](mailto:americanbd@aol.com) an expression of interest to Ms. Lela Boggs. For current ABDA members in good standing, no examination will be required at this time.



## CONTINUING EDUCATION CREDIT

As a membership driven organization, we accept continuing education credits/continuing medical education credits from all appropriate sources. There is no need to duplicate time spent in continuing education events for your other requirements. Simply remit copies of those certificates or credits along with your annual renewal material.

\* \* \* **2018 ABDA Board Certification Renewal Notice** \* \* \*

**Optional Gold seal can be obtained by sending a self-addressed stamped envelope.**

**Please respond immediately to help us avoid the unnecessary time and expense of reminder mailings.**

Your listing (alphabetical and geographical) in the ABDA Directory . . . . .No Cost  
Newsletter, The Disability Analyst . . . . .No Cost  
Renewal Fee (**one year**) . . . . . \$115 (U.S. Funds)  
(\$130 after January 10, 2018)  
Renewal Fee (**three years**) . . . . . \$300 (U.S. Funds)  
(\$325 after January 10, 2018)  
Renewal Fee (**five years**) . . . . . \$450 (U.S. Funds)  
(\$475 after January 10, 2018)  
Lifetime Fee . . . . . \$980 (U.S. Funds)  
(Lifetime members receive 25% discount to all ABDA and ABMPP events)

Please issue payment to ABDA by no later than **January 10, 2018** to avoid a late charge. The national examination is required of persons seeking board certification for the first time and is required of those who allow their certification to lapse. **By maintaining your current status you are exempt from the written examination.**

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**Please remit your 2018 renewal fee and information below. This is the only notice you will receive.** Remittance by Visa or MasterCard is acceptable. **Please type or legibly print information below** as you wish it to appear in the next Directory. If renewing with a credit card (Visa and M/C only), please provide necessary information. **Post Office Box addresses are not acceptable.**

Check box if information has changed.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

\*E-mail: **required** \_\_\_\_\_ *(Extremely important for future timely communication.)*

Check One: Visa:  Mastercard:  Check:

Credit Card # \_\_\_\_\_ 3 digit V-code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Amount: \_\_\_\_\_

Check One: 1 year  3 years  5 years  Lifetime

List continuing education experiences (from workshops, conferences, etc.) and/or self-study you have completed since January 1, 2017 (minimum 8 hours to fulfill annual requirement).

\_\_\_\_\_  
\_\_\_\_\_

Optional: Have you performed 8 hours pro bono work (charitable professional efforts not compensated) during the past year? Yes  No

**Return to ABDA Central Office, Second Floor, 4525 Harding Road, Nashville TN 37205  
website: [www.americandisability.org](http://www.americandisability.org)**

## ★ DISABILITY HEADLINES ★



Researchers at the University of Minnesota have developed **a technique that allows individuals to control a robotic arm using their thoughts.** Subjects could control the robotic arm to pick up objects at fixed locations with an average success rate of more than 80% and move objects from the table onto the shelf with an average success rate of more than 70%. (Source: National Institute of Biomedical Imaging and Bioengineering.)

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Researchers at Cornell University have developed a robotic, soft prosthetic hand that can “feel” its surroundings internally, rather than grasping and achieving tactile sensing through conventional motors. Reportedly, stretchable optical waveguides can act as curvature, elongation and force sensors in a **soft robotic hand.** Sensors are integrated within the body so they can detect forces being transmitted through the thickness of the robot. (Source: Air Force Office of Scientific Research)

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In March 2009 alone, 823,000 **jobs disappeared.** When the bleeding finally stopped in February 2010, 8.7 million jobs were gone. The unemployment rate hit a painful 10%, a quarter century high, in October 2009. Eight years later, the job market is in infinitely better shape. The unemployment rate is 4.7%. Jobs have been added for 75 straight months, the longest such streak on record. But hiring is not keeping up with population growth. Factory jobs have fallen 2.4% since January 2009. The number of people working as office administrators is down 2.5%. The number of jobs in computer networking and software development has soared 42% in eight years. Data analysis has enjoyed job growth of 18%. On the lower paying end, jobs at restaurants and hotels have jumped 19%. Over the past year, average hourly pay has risen 2.9%, the healthiest increase in seven years. But since 2009, wages have struggled, growing closer to 2%. In a more robust economy, pay gains are typically closer to 3.5% a year. More Americans have part-time jobs than ever before and many prefer it that way. The number of part-time workers by choice has grown 13% in the past eight years. The number of part-time workers who would prefer full-time work has fallen nearly 30%. Temporary jobs had risen 52% during the Obama Administration to nearly three million including at auto plants and hospitals.

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The current job market is being heavily influenced by the influx of robots and drones in work settings. The **US Department of Labor's Dictionary of Occupational Titles** lists almost 13,000 jobs a great many of which no longer exist in North America. But

the number of jobs that will be phased out and eliminated in the coming years may be staggering. There is a great need for a revision of this authoritative document in order to retain credibility. If any members are involved with a revision or are aware of alternative authoritative texts that more accurately characterize jobs that actually exist en masse, please notify Central Office and we would welcome such information to share with our membership.

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Routine jobs-work based on repeated tasks, such as those performed by welding machine operators or bank tellers - are disappearing. Many workers who would have held them have taken on lower paying, low skill manual work or dropped out of the labor force. The transformation of work in the US is moving from an industrial economy to a digital one where routine work is automated or outsourced. This contributes to the **shrinking labor force participation rate.** The share of Americans working in routine jobs has fallen from 41% in 1979 to 31% in 2014. Adult Americans working or seeking work has fallen from a recent high of 67% in 2000 to 62% in 2016. (Source: University of British Columbia)

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According to the National Diabetes Statistics Report 2014, about 73,000 **non-traumatic lower limb amputations** were performed on adults aged 20 years or older with diabetes.

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About 15% of American adults report some form of hearing problem. Several types of hearing tests are used to evaluate **auditory deficits.** A physical exam with an instrument called an auto scope reveals any problems in the ear canal or eardrum. Additional tests include a pure tone test, which reveals how well one can hear a variety of pure tones. A speech test evaluates ones ability to understand the spoken word. Tympanometry tests reveal any problems in the middle ear and evaluate the mobility of one's eardrum. Taken together they form an audiogram. (Source: UCLA)

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The US Department of Agriculture estimates the **cost of raising a child** from birth through age 17 is \$233,610 or as much as almost \$14,000 annually. That is the average for a middle income couple with two children. Urban areas are more expensive and rural areas are less expensive. This figure represents a 3% increase from last year. The main costs include housing, food, transportation, healthcare, education, clothing and other miscellaneous expenses.

*continued on page 5*

# DISABILITY HEADLINES continued

Housing accounts for 26-33%. Lower income families are expected to spend around \$174,690 per child from birth through 17 while higher income families will spend about \$372,210. The average middle income family earns between \$59,200 and \$107,400 before taxes. The annual cost of college is about \$45,000 for a private college and about \$20,000 for a public college. While a child costs around \$12,680 between zero and two years old, a teenager between 15 and 17 costs around \$13,900 annually. Families with three or more children spend an average of 24% less per child because children often share bedrooms, clothing and toys are handed down and food can be purchased in larger more economical quantities. Private schools and childcare providers may offer sibling discounts. In contrast, one child households spend an average of 27% more on the single child.

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An increasing number of physicians are walking away from traditional care roles as dissatisfaction grows. The number of private practice physician owners has dropped from 49% to 33% while physicians who have become employees is up 14% jumping from 44% to 58%. (Source: [Medical Economics](#))

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[Medical Economics](#), rated the **best states to practice** as a physician as follows: Idaho, Georgia, Mississippi and Utah while the worst states are: Ohio, West Virginia, Maine, Minnesota and Illinois. The heaviest weighted factors in this analysis were a preponderance of negative financial metrics such as a high tax burden, high cost of living and excessive malpractice payouts.

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Of 6,680 surveyed physicians, 54.4% reported at least one symptom of **burnout** in 2014 up from 45.5% three years earlier. Higher rates were reported for front line physicians in primary care, family medicine, emergency medicine and hospital medicine. Burnout is often described in terms of the experience of emotional exhaustion, depersonalization and lost sense of personal accomplishment. The practice of medicine is hard, stressful and demanding work, but burnout reflects an inability to recover drive and energy during time away from work or to draw upon a healthy work life balance. (Source: Mayo Clinic)

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According to Korn Ferry, the **expected average starting salary** for 2017 US college graduates is \$49,785 which is 3% more than 2016. Overall, median income in the US surpassed \$59,000 for the first time.

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It is telling that other countries spend more on social benefits, including disability and housing, spend less on medical illnesses because poverty and poor liv-

ing conditions are a major cause of poor health and chronic disease. And the personal factor is important too. In many instances obesity, too much smoking, alcoholism and lack of exercise all contribute to chronic illnesses like diabetes, hypertension, heart disease and mental problems. (Source: [Medical Economics](#))

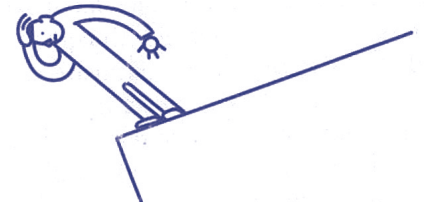
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The median lethal distance for **falls** is four stories or 48 feet. This means that 50% of patients who fall four stories will

die. The chance of death increases to 90% when the fall is seven stories.

Landing on your side might be the best way to survive

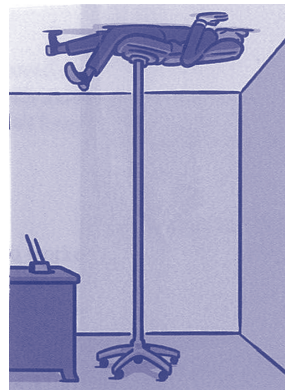
a fall. It does not take much of a fall to cause damage. From a height of roughly 10 feet, you could fracture your spine at around 30 feet very serious injuries are likely. Each year about 424,000 people die because of falls, making falls the second leading cause of unintentional injury death, after road traffic injuries. About 37.3 million falls are severe enough to require medical attention annually. (Source: World Health Organization).



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There is little evidence that hospital policies limiting patient mobility succeed at reducing **falls**. Such policies may instead increase the risk of serious side effects. Research indicates that quality measures to promote mobility rather than incentivising strategies that keep patients in their beds are needed. (Source: [JAMA Internal Medicine](#))

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**Obese and overweight workers** are more likely to incur high costs related to workers' compensation claims for major injuries. For workers with major injuries high BMI was associated with higher worker's compensation costs. Costs averaged about \$470,00 for obese and \$270,000 for overweight workers compared to

\$180,000 for normal weight workers. After adjusting for other factors, including high costs spinal surgeries or injections, obese or overweight workers with major injuries were twice as likely to incur costs of \$100,000 or higher. (Source: Journal of Occupational and Environmental Medicine)



## EMERITUS STATUS MEMBERS

We are pleased to announce that the following members have qualified for Emeritus Status as determined by the ABDA Credentials and Certification Committee. Minimal requirements for eligibility require no less than 8 years of ABDA board certification and no fewer than 20 years of professional experience with mentally and or physically disabled patients/clients or comparable career achievement.

Rachael Dana Adair (AL)	Lawrence S. Forman (FL)	Sylvia M. Oberti (CA)
Kenneth Anchor (TN)	Marsha Harrison (FL)	Les Phillips (TN)*
Jeffrey T. Barth (VA)	Sandy Hoar (MD)	Nicole Phillips-Smith (MI)
George Boghean (Canada)	Alexander Horwitz (NY)*	David A. Rinehart (CA)
Elaine L. Bukowski (NJ)	Martha T. Judge (IL)	James Sasmor (AZ)*
Richard Byrd (AR)	Mary K. Lamb (KY)	Ross J. Skirda (Canada)
David Cross (IN)	Vance Landis-Carey (CA)	H. Jane Storrie (Canada)
Herbert J. Cross (WA)*	Frank Lizzi (PA)	Hans Strupp (TN)*
John C. Drew (CO)	Ann Leonard-Zabel (MA)	Mark Woodward (KY)
Albert Ellis (NY)*	Cathy McVay (FL)	
Gary L. Fischler (MN)	Gloria M. Malone (AZ)	*Deceased

## ★ NEW ABDA LIFETIME MEMBERS ★

The following individuals deserve special recognition. By becoming Lifetime Members, in recent months, the organization benefits in many ways by being able to plan new projects enabling ABDA to grow in a planful manner. If interested in joining this list of **Lifetime Members**, exempt from all future renewal fees, and entitled to 25% discount at all ABDA training events and meetings, please write or fax our ABDA Central Office, 4525 Harding Road, Second Floor, Nashville, Tennessee 37205; fax number (615) 327-9235. If your name was inadvertently omitted, please notify Central Office immediately.

Martins A. Adeoye	IL	Michael A. Palmer	NJ
Sarbjot Singh Ajit	NY	Quan D. Pham	TX
Peter D. Capotosto	NY	Eileen M. Ramsaran	FL
William D. Coffey	NJ	Chanpreet K. Singh	NY
Roberta Cohen	NY	Timothy R. Taylor	MP
Alejandro E. de la Cruz	FL	Zaira N. Vazquez-Carrero	PR
Michele Gagnon	CN	Ramakanth K. Vemuluvri	AL
Kathleen E. Hoffer	TX		



# SUCCESSION PLANNING FOR PRIVATE PRACTICES

Nearly 40% of doctors in the U.S. are aged 50 or older, and one in four are 65 or older, according to the American Medical Association. For these baby boomers, retirement is a fast-approaching reality. As they ponder their next life phase, doctors who own private practices face several challenges unique to the profession.

Physicians can only pass their business on to another physician, naturally limiting the number of available potential buyers. And this small pool grows smaller still as a large number of younger doctors are turning away from private practice to work for large healthcare providers.

At the same time, the physician's personal finances and plans for retirement may be inadequate. Doctors typically have a high level of student debt that must be paid off before retirement savings can start, and the length of schooling involved generally means that doctors don't reach their peak earning age until much later in life.

Between needing to balance business finances with personal retirement priorities, many private practice owners may emphasize the former leaving themselves vulnerable.

For many physicians, simply acknowledging these obstacles is the first step on the path to discussing and creating a business transition later in his or her career, and, following that, retirement. As with all matters financial there can be substantial advantages to starting early. Below is a road map to help you get going.

## PREPARING FOR A SALE

Establishing a succession plan is one of the most important business decisions the owner of a practice can make. The succession plan should provide for both ownership transfer and management continuation in the event of disability, death or retirement.

The structure of the succession plan will depend on the type of practice involved. A physician in solo practice, for example, will need to consider hiring a junior physician who can take over the practice, or finding a potential buyer or merger partner. As a last resort, a solo practice may need to wind down gradually if no other options are available.

A group practice, in addition to the options noted for solo practices, has the possibility of a potential physician partner buyout. Another increasingly common scenario is to sell the practice to a hospital or a health system.

A formal buyout arrangement, often referred to as a buy-sell agreement, establishes how much the selling or retiring physician partner will receive for his/her interest in the practice upon the occurrence of certain trigger events, such as the death, disability, retirement or voluntary withdrawal of a physician from the group practice.

Whether it involves a solo or a group practice, basic steps should be considered in preparing for the succession of the practice ownership to try to ensure that maximum value is preserved:

**Step 1** Plan early for practice succession and retirement. To help preserve, enhance, and extract maximum value from the practice, succession planning should begin early, preferably seven to 10 years before retirement.

**Step 2** Assemble a team of competent advisers who have in-depth knowledge and experience working with physicians, their practices, and their unique planning needs. A qualified tax advisor, attorney and wealth adviser should form the core of the team.

**Step 3** Implement a plan to retain, recruit, and reward key physician and non-physician personnel to shore up the practice and to aggressively grow its gross and net income, especially during the seven to 10 year period prior to retirement.

**Step 4** Approximately six months prior to retirement, engage a qualified appraiser who specializes in medical practices to ascertain the value of the practice.

**Step 5** Consider how a practice's underlying real estate should be owned. A practice that owns its real estate may subject that property to liability and creditors' claims flowing from the practice. Proper ownership of a practice's underlying real estate (i.e., in a Limited Liability Company), whether by the solo physician or a group of physicians, may provide added protection of the real estate and an additional source of potential growth and income into retirement.

## PREPARING YOURSELF FOR RETIREMENT

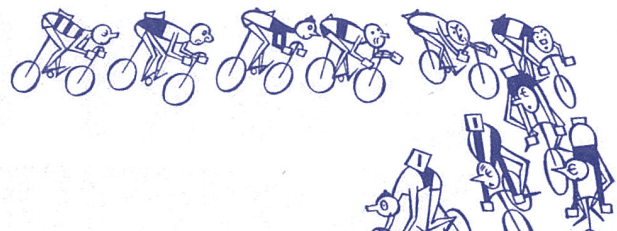
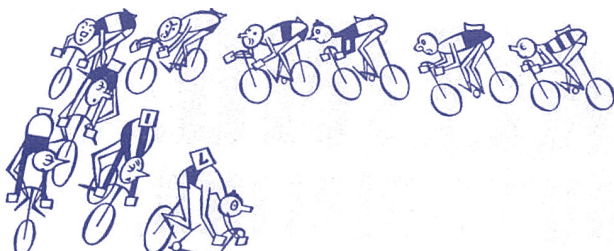
On a parallel track to planning for practice succession, the practice owner should develop and implement a complementary wealth accumulation plan to supplement the income expected from the sale of the practice.

This plan might include among other things, taking full advantage of tax-deductible contributions to qualified plans (defined contribution and defined benefit plans), building up an investment portfolio outside of a qualified plan and utilizing certain financial instruments to provide tax-advantaged income.

## STRUCTURING THE TRANSITION

There are many ways to finance the sale of a practice. Consider early on how the acquiring physician(s) will compensate the retiring doctor or doctors.

Different structures have different tax consequences and create different demands on cash flow. Typically the seller needs to be compensated for a lifetime of building equity in the practice; the buyer needs to have sufficient capital to invest and grow.



## ★ LAYMAN'S PERSPECTIVE ★

In the July 6, 2017 issue of The Tennessean the following letter appeared which is compelling in addressing the issues faced by our members on a daily basis. "We need to change our thinking on disability. I celebrate with the latter whose recovery from a spinal cord injury was described on the front page of this publication.

As another young adult, who recently marked the one year anniversary of my own spinal cord injury, I empathized with his fear and anguish, as well as his elation with the miracle of recovery. But I am disappointed that David's story is explained solely in terms of his return to able-bodiedness, which creates an atmosphere of pity for people with disabilities. A spinal cord injury does not take away our joy, or even our ability to have sex, but it does make life different. Rather than emphasizing tragedy, I'd like to remind readers that



those of us born without disabilities are only temporarily able-bodied; if we're lucky, we'll all live long enough to lose aspects of bodies we once enjoyed.

You may not see many people who are not able-bodied; many disabilities are invisible. The lack of welcoming attitudes, ramps, curb cuts, sign language interpretation, and other basic accommodations keeps many people from being out in the world where you'll see them. Like David, I've benefited from the generosity of those around me to care for me and include me in their lives even though it suddenly became more complicated.

Let's work together to create a world where people with injuries, old age, pregnancy, chronic pain and other disabilities are able to show up and share their gifts.



## Graduate Student View of American Board of Disability Analysts

Caleb A Speyrer, Student Editor:  
American Board of Disability Analysts  
LSU School of Allied Health

As a graduate student, professional identity formation began with my first day of class, possibly even at the point, which I chose occupational therapy as a career path. "Professional identity formation is a socialization process that involves both the

acquisition of specific knowledge and skills required for professional practice as well as the internalization of attitudes, dispositions, and self-identity that connect the individual to the larger profession" (Boyt, 2014).

*continued on page 9*



## Graduate Student View of American Board of Disability Analysts (Cont.)

Professional organizations, such as the American Board of Disability Analysts (ABDA), provide the support needed for this along with improving public awareness, advocacy, and standard setting. Professional identity development does not stop with graduation, but continues throughout the career; therefore, lifelong membership and participation is essential for individuals at all stages of their respective career.

The ABDA offers socialization, education, and exposure to professional practice. The Biannual International Conference of the ABDA is not only an excellent networking opportunity, but provides a guided interaction with mentors and professional peers; conference paper and poster presentations function as a medium for the exchange of ideas and a forum for discourse on the direction of education. Publications, such as Disability Analysis in Practice, The Disability Analysis Handbook, The Catastrophic Injury Handbook, and The Disability Analyst, serve as a source of specific knowledge and skill acquisition. In addition to individual professional development, the ABDA collectively advances the profession. The shared mission and vision of the ABDA is threefold, "to contribute to understanding the etiology, diagnosis and rehabilitation of disabling conditions, to support technological advances that make employment, education, transportation, independent living and leisure pursuits more accessible to the disabled, and to establish a standard threshold of knowledge and professional competence for those who work with disabled individuals" (ABDA, 2017). Based on the ABDA's mission, members have core values and a code of ethics, which help to safeguard public awareness and increase professionalism. The importance of ABDA



membership and participation is bidirectional. While the ABDA advances the collective profession and individual professional identity, members advance the ABDA.

As members of the ABDA, we are part of a powerful network of practitioners and academics. Our individual efforts make achieving the ABDA's mission possible. Our individual research, experience, and clinical practice contribute to the scientific body of knowledge. Our willingness to participate in the exchange of ideas and our discourse on the direction of education influence the future of the ABDA. Our advocacy efforts and legislative initiatives allow the ABDA to serve as a consultant for government policy.

Membership and participation in the ABDA allow us to collectively advance the profession more so than individual efforts. In the process, members develop their own individual professional identity while also contributing to formation of others. Lifelong membership and participation is a key component to a successful career trajectory.

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Boyt Schell, B. A., Gillen, G., Scaffa, M. E., & Cohn, E. S. (Eds.). (2014). Willard and Spackman's Occupational Therapy (12th edition ed.). Lippincott Williams & Wilkins, a Wolters Kluwer business.

## **History of ABDA Conferences**

St. Thomas, VI.....	1986	Miami Beach, FL.....	2000
Cancun, Mexico.....	1987	Washington, DC.....	2000
Hilton Head, SC.....	1988	Honolulu, HI.....	2001
San Juan, PR.....	1989	Orlando, FL.....	2001
San Francisco, CA.....	1990	Anchorage, AK.....	2001
St. Thomas, VI.....	1991	Quebec City.....	2002
Cancun, Mexico.....	1992	Chicago, IL.....	2003
Hilton Head, SC.....	1993	Las Vegas, NV.....	2004
Phoenix, AZ.....	1994	Chicago, IL.....	2005
New Orleans, LA.....	1995	Las Vegas, NV.....	2006
Marco Island, FL.....	1996	Atlanta, GA.....	2007
Albuquerque/Santa Fe.....	1997	Las Vegas, NV.....	2008
China (Beijing, Shanghai, Xian and Nanjing)....	1998	Fort Myers Beach, FL.....	2009
Huntington Beach, CA.....	1998	Washington, DC.....	2010
San Juan, PR.....	1998	Montreal.....	2011
Miami, FL.....	1999	New Orleans, LA.....	2013
Toronto.....	1999	Naples, FL.....	2015
Brussels, Belgium.....	1999	Naples, FL.....	2017



## **Faculty of the American College of Disability Analysts (ACDA)**



The following members have met the criteria for this honor based on presentations at our conferences.

Kenneth Anchor	(TN)	Robert Lessne	(FL)
Ellyn Arwood	(OR)	Harry Marshall	(DC)
Jeffrey Barth	(VA)	Ritchi Morris *	(NY)
Yehuda Ben-Yishay	(NY)	William Mosier	(FL)
Elaine Bukowski	(NJ)	Gregory Nevens	(ME)
Colleen Braun	(CN)	Thomas Pautler	(WA)
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Arthur Fries	(CA)	C. Norman Shealy	(MO)
Mary Glidden*	(WA)	Jerrold Simon	(OH)
John Hill	(NE)	Chris Stout	(IL)
Sandy Hoar	(MD)	Kenneth Tarnowski	(FL)
Cathy Ingebrigtsen	(FL)	Margaret Texidor	(LA)
Philip Klingensmith	(MO)	William Tsushima	(HI)
Tom Kulik	(NJ)	Robert Unger	(CN)
Arnold A. Lazarus	(NJ)	Richard Weiner*	(CA)
Ann Marie Leonard	(MA)	Victor Zuccarello	(MO)

\*Deceased

Please notify Central Office if there are any errors or omissions with this list.

## ★ PASSAGES AND MILESTONES ★

Appreciation is due to all those generous sponsors who have helped ABDA launch two new programs to benefit our field of specialization: The Dr. Louis Wynne Continuing Professional Education Program and the Dr. Ted Grossbart Continuing Professional Education Program.

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The outstanding roster of faculty presenters at our International Conference held October 14-15, 2017 in Naples Florida included **Steve Allison, Ann Marie Leonard-Zabel, Jasen Walker, Jerrod Simon, Elaine Bukowski, Caryn Montague, Tim Lynch, Sandy Hoar, Arthur Fries, Kenneth Miller, Susan Miller, Karen Larwin, Melanie Katzman-East, Alicia Abramski, Julie Williams, Demetrius Williams** and **Kenneth Anchor**. Their contributions resulted in an enriching and memorable learning event.

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Central Office is extremely grateful to all members who have provided their e-mail address. If you have not done so, please be sure to do so as soon as possible. We communicate regularly with members who have e-mail addresses and we do not want anyone to miss keeping abreast of important new developments and announcements.

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Attention Lifetime Members: Each week Central Office receives inquiries regarding the current status of various members for purposes of hospital privileges, licensure, listing on panels, expert witness credentials for courts at every level among other purposes. Some of our Lifetime Members have not been in contact with Central Office in more than 12 months. If you are one of those members, please provide an update of your CV, along with e-mail address and listing of continuing education activities so we can effectively update your file. By doing so, we will be able to respond to each of those requests in a timely and helpful manner. Thank you for your cooperation in this important matter.

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One of the benefits of membership is that you may apply to have CEUs issued by ABDA for your local training events. This benefit is being increasingly used by members who are involved with workshops, seminars and other training events. ABDA issues CEU certificates based on the number of contact hours participants receive. The member who coordinates the issuing of those certificates is responsible for ensuring that those who register actually attend the event in its entirety. The cost to members for obtaining those certificates is minimal. It is best to make those arrangements as far in advance as possible for the scheduled event.

More Membership Coordinators are being sought at this time. If you wish to help serve in your community to heighten the awareness of ABDA among colleagues, associations, agencies and educational institutions, please send a letter of interest to Central Office. (e-mail:americanbd@aol.com).

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Remember this is your newsletter. If you have announcements or articles that may be of interest to our multi-disciplinary readership, please e-mail them to: americanbd@aol.com. ABDA is a membership driven organization which exists to serve you. Suggestions and recommendations for improving the organization are also welcome.

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At this year's international conference two awards were presented. It should be noted that awards are not presented at every conference but only under special circumstances. The Dr. Jerrold Simon ABDA Award for Career Achievement was being given to **Anne Leonard-Zabel**, a longtime board certified member who also serves on the faculty of the American College of Disability Analysts (ACDA) and is a widely published researcher and academician. A new award was created in recognition of special contributions to training and education. The Dr. Jerrold Simon ABDA Award for Educator of the Decade (2006-2016) is being given to **Sandra Hoar**. Her presentations at our conferences typically receive only the very highest ratings due to her superb preparation and extraordinary communication skills which also serve her well in her various roles in her professional capacity in a healthcare setting.

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We note with sadness the passing of **Ritchi Morris**, a Founding Member. He distinguished

himself as a therapist, lecturer and author. He was a decorated wounded warrior who served as a consultant to US Olympic athletes.

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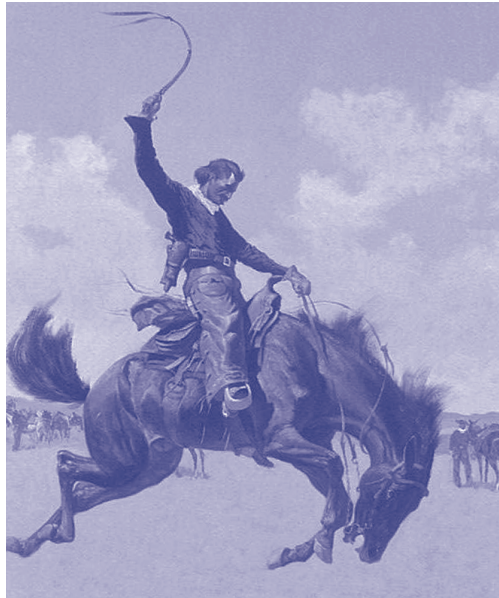
ABDA continues to send free copies of The Disability Analyst newsletter and selected other publications to libraries in emerging countries who request them. 2017 marks the 15th year of this practice.

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If you have an interest in hosting a future ABDA conference please contact Central Office with a proposal including possible dates, actual meeting location sites and hotel.

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We are pleased to announce our newest Student Editor, **Max Fishel**, of Nashville, TN. He recently graduated from Miami of Ohio earning a B.S. in Psychology. He is working for a year as a psychiatric technician and a trainee at the Center for Disability Studies before he pursues a graduate degree.





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