# Accommodation Solutions for Autoimmune Disorders

## [Introduction]

**TRACIE DEFREITAS:**

Welcome everyone, and thank you for joining us for the JAN Accommodation and Compliance Webcast series titled "Accommodation Solutions for Autoimmune Disorders" with our featured speakers, JAN Lead Consultants Teresa Goddard and Lisa Mathess. My name is Tracie DeFreitas, and I'll be your moderator.

Before we begin, we have some housekeeping items to cover. First, if you experience any technical difficulties during this training, please do use the question-and-answer option at the bottom of your screen to submit a question. You can contact JAN at 800-526-7234 or use the live chat feature at AskJAN.org. That's A-S-K J-A-N dot org.

We also offer an FAQ that may answer some of your questions at the [link](https://askjan.org/training/JAN-Webcast-Frequently-Asked-Questions.cfm) provided here on this screen. This FAQ is linked in the email you received with the event login information as well and on the webcast registration page as well.

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Now I will turn the webcast over to our subject matter experts, Lisa and Teresa. Teresa, take it from here.

## [About Autoimmune Disease]

**TERESA GODDARD:**

Thanks so much, Tracie, and thank you to everyone who's joining us today to talk about autoimmune diseases and disorders. It's an often-overlooked topic, and I am hopeful we will get a good audience today.

So with autoimmune disorders, what happens is that the immune system, which we all know usually would help your body to fight off infection, gets a little overenthusiastic and confused and starts to attack tissues and cells in your body that it really should be leaving alone. And as you would expect, this can have some unpredictable and unusual symptoms that come along with it. So we're going to talk today about a few different of the more common autoimmune disorders.

First, I would like to let you know that around 5-8% of the population of the US is affected by autoimmune diseases. There are many different types. We're not going to have time to talk about each and every one today. So if there's one you were hoping to hear about today and it doesn't come up, I am so sorry, but it doesn't mean it wouldn't fall under the ADA. The third most common category of disease in the United States after cancer and heart disease is autoimmune disease.

The exact cause isn’t really something we know at this point, but the best evidence that we have suggests that autoimmune diseases are brought on by a combination of a person's genetic factors and also environmental factors that can play kind of a triggering role. So this is an area where the emerging field of epigenetics comes into play, because something that happens to you or that you are exposed to might cause you to develop one of these autoimmune diseases if you have an underlying genetic susceptibility.

So next I would like to talk about a brief overview of a few of the most common autoimmune diseases. And again, these are ones that we tend to get a lot of calls on at JAN, but just because one isn't on our list that you're going to see here today doesn't mean it wouldn't be an autoimmune disease. It also doesn't mean that it would not be covered. There are also some diseases where researchers just aren't sure yet if they're definitely caused by an autoimmune issue or if they're caused by something else. There's a lot of ongoing research in this area.

So first I would like to talk about rheumatoid arthritis. That's a little bit different from the regular type of arthritis that you might be familiar with, but it does have some of the same symptoms. So it could include pain, swelling in joints, usually multiple joints. As with other forms of arthritis people tend to feel a little bit more stiff in the morning. They may have some fatigue and muscle pain. But with rheumatoid arthritis, or RA as it's sometimes called, the degeneration of the joint can become so severe that the joint becomes a bit deformed, and there also issues with appetite, People may not feel like eating a whole lot and may experience some weight loss as a result.

Another one that we get a lot of questions on is lupus. Some common symptoms of lupus can include joint pain, skin rashes, seizures, photosensitivity, something I take questions on a lot personally. But lupus can be extremely serious. It can attack other tissues in the body as well that you might not normally think of, leading to things like pericarditis, which is an inflammation that's near the heart, and it can be extremely serious if a person has an exacerbation of their lupus.

Next let's talk about Graves’ disease. So the next one that we're going to talk about -- in fact the next two -- impact the thyroid primarily. In Graves' disease, the common symptoms are nervousness or irritability. People can have some fatigue or some muscle weakness as well. There's often a lot of sensitivity to heat. In fact, sensitivity to heat is a common feature among a lot of autoimmune disorders, but particularly with Graves' disease. There can be some unpredictable gastrointestinal symptoms, and the main distance between Graves' and Hashimoto's is Graves' tends to be more involved in people who have a hyperactive thyroid, whereas the next one we're going to talk about, Hashimoto's, is usually associated with hypothyroid, where your thyroid levels are a little lower than they need to be, but occasionally it can also be hyper as well.

Thanks for advancing that slide, Tracie.

With Hashimoto's, again, which is thyroid-related, your immune system attacks the thyroid and causes inflammation, and this can cause feelings of tightness in the throat, people may report that their throat feels really full. A lot of people have difficulty swallowing, so they may have special needs with regard to their diet to make sure that they're eating safely. There are a lot of other things that are sort of nonspecific with this too like fatigue, a little bit of brain fog and forgetfulness. People can become depressed. It can affect how your hair and skin look and feel. Weight gain's very common. So Hashimoto's disease and Graves', both associated with thyroid difficulties.

Multiple sclerosis is pretty well-known. A lot of people know it as MS. Often the first symptom of MS that people experience is blurred or double vision, and this is because with MS you can experience inflammation of the optic nerve. Some other common symptoms are weakness, a feeling of numbness or prickling, and as it progresses there can be speech impairment, tremors, dizziness, cognitive impairments, but it's important to note that not every single person who has MS or any of these conditions is going to have all of these symptoms all the time. There's a great bit of variability. Sometimes people can even go into remission for long periods or have with MS what's called a relapsing and remitting pattern.

Myasthenia gravis, also known as MG, involves your motor neurons. So there is --well, basically your body is attacking that part of your muscle system that helps your muscles move, so some common symptoms involve drooping of your eyelid, because the muscles that hold up your eyelid might become weak. Many people experience blurred or double vision, slurred speech, difficulty chewing and swallowing, various types of weakness and fatigue throughout the body. People can experience difficulty breathing, and someone who's having what's called a myasthenia gravis crisis may need emergency treatment for a breathing issue.

So those are just some of the most common types of autoimmune disorders, the ones that we get a lot of questions on here. We're going to talk about some situations and solutions today involving several of these.

On the next slide, I wanted to talk about a few more. Cataplexy, it's often associated with other conditions, such as narcolepsy. But basically with cataplexy there is a sudden muscle weakness. But it's not the same as passing out or fainting. It's a sudden muscle weakness that occurs while the person is awake and aware. And often something like a strong emotion like strong laughter or a pleasant surprise could trigger cataplexy symptoms. It could be a negative emotion too, doesn't have to be something positive. But often the triggering experiences that bring on an episode of cataplexy are positive emotional experiences. Sometimes it might be fairly imperceptible to others so people might just have just a little bit of a loss of muscle tone, maybe experience droopy eyelids or something like that, maybe weakness in another part of the body such as the hands, but a severe episode could involve a complete loss of tone in all your voluntary muscles. So you can imagine experiencing that suddenly could be very impactful, especially in the workplace.

I want to talk a little bit about gastrointestinal disorders. Of course not all GI issues are autoimmune-related, but there are a couple of conditions that fall under this umbrella. The symptoms that people experience from these can range from mild to debilitating. It could be that the person experiences constipation, or they could experience other symptoms like nausea and pain. And there's going to be a lot of variance not only between individuals but also in how a particular person is impacted at a particular point in time. I always say this about all the conditions we deal with, you really need to rely on the individual who is seeking an accommodation to understand how their condition impacts them, because a list of conditions and a list of symptoms like this is only going to tell you about the range of things that could happen. An employee with a disability is always the expert on how their condition impacts them specifically.

Finally, I want to talk about a condition that is more modernly known as GBS. This one makes people anxious to talk about sometimes, because there's not a lot of consensus on how we should pronounce it. So when I was in school, my professors pronounced GBS as Ghee-YAN Bah-RAY Syndrome, but some people also say Ghee-YAN Bar. Now we can just say GBS. I don't know why we didn't do that always. But what I would suggest is, if you're unsure, take your cue from the person seeking accommodation and try to pronounce it as they do if you want to make them to feel most comfortable.

There's been an increase in interest in GBS recently because of all the vaccine information that's in the news these days. GBS can be associated or come on following flu vaccination. That's not uncommon. And a lot of times it doesn't last long-term; a lot of people fully recover from GBS. It can also occur after an infection, whether viral or bacterial. But in GBS the body's immune system damages your nerves, and this can cause muscle weakness and sometimes paralysis. It could occur in multiple organ systems -- multiple muscle systems, I should say, across the body. So I learned about it in grad school because it can cause speech and swallowing issues, but it can also affect any type of movement.

So that's our brief overview of common autoimmune diseases, and now Lisa's going to talk about some workplace accommodations. Take it away, Lisa.

## [Workplace Limitations and Accommodations]

**LISA MATHESS:**

Thanks, Teresa. So we're going to look at workplace limitations. So these are going to be common limitations. One who happens to have an autoimmune disorder may or may not have while they're on the job. So they may have their personal life and home environment really tailored to them so there's no issues, but once they get on the job that may kick some of these limitations. Some people with autoimmune disease or disorders may not have any limitations, some may only have one, or some may have multiple limitations. So you'll see this common thread in this presentation that all accommodations are going to be that case-by-case determination and really honing in on what would be effective for that one individual. So this slide, it's not an exhaustive list of what the limitations may look like. There could be various others, but due to time we thought this would be the most common ones to hone in on. I'm not going to read them, but they range from motor issues, gross and fine motor issues, to cognitive issues with the concentration, to the sensory issues -- the communication, the visual limitations. And of course something we're seeing more now than ever before is suppressed immunity.

Next slide.

So, you'll see the way we laid out this presentation slide deck is we're going to start with a common limitation, and then we're going to come up with some common accommodation considerations, and then some of the limitations do have a slide dedicated to assistive technology and product ideas and equipment ideas, and then we have real-life situation and solution examples that JAN consultants have dealt with.

### [Activities of Daily Living]

So let's get started with the activities of daily living. This is going to be that personal hygiene, the grooming, toileting, eating tasks that someone has to do. So a common accommodation idea we’re going to start with, using or permitting the use of a personal aide or attendant at work. So for most cases, it's really just permission, granting permission to let someone come on site. An employer probably isn't going to be responsible for furnishing that attendant. This is completely different for federal workers, because section 501 does have stipulations for furnishing that personal attendant service. But this can help someone with an autoimmune disorder continue to thrive in the workplace.

Service animals, I just wanted to touch that JAN loves a trial period or a demonstration period whenever an employer is hesitant on permitting that service animal in the workplace.

Being considerate of the accessibility of the property. So if your building meets that baseline ADA accessibility guidelines, if a person with an autoimmune disorder needs more accessibility, more grab bars in the restroom, a closer parking space, those are going to be under that title I accommodation obligation.

So for activities of daily living, you'll see there's lots of admin modifications to consider, modifying a schedule, longer breaks, moving that workstation closer to the restroom, which can limit the time away from work tasks. Schedule modifications for medical treatment are often popular. Allowing access to refrigerator, this is often beneficial for medication storage and injectables. And then of course permitting telework, this is beneficial as fatigue is very common for autoimmune disorders, so if someone doesn't have to spend the time getting ready for work, physically getting dressed, showering, commuting to work, telework can be so beneficial so as soon as they wake up they can put their time and energy into those work tasks.

Next slide.

So AT options with those with activities of daily living, talking alarm clocks for reminder purposes, medication management. This can be a reminder to take your next dose of medicine on time. We do have vendor lists for grooming and vendor aids to assist someone with physically putting on clothes. Then the thermal or cold wraps if the work environment is too hot or cold, causing pain and stiffness for employees. And then the reachers and grip aids, just very low-tech ideas that can be very beneficial.

Next slide.

Our first example, we have a clinical psychologist who happens to have MS. He told his employer he needed an exemption from the vaccine mandate due to his medical condition. Are you guys getting these type of calls? I am sure of it, because me and Teresa are definitely handling the consulting of these calls very frequently.

Next slide.

### [Vaccine Exemptions]

So what do we do when an employee says they need an exemption from the vaccine mandate due to a medical condition? You need to recognize this as an accommodation request under the ADA, engage in that interactive process to gather that information to look at is this person eligible for an accommodation by ADA and if this accommodation would eliminate or reduce any risk associated with working while unvaccinated that doesn't pose a hardship to the employer.

So in this example, the employer did engage that interactive process to better learn the situation. Is this more of a delay of being vaccinated, or would this particular employee, would they need that long-term exemption? So regardless of short- or long-term exemptions, you want to be looking at alternative accommodations. Potential accommodations may include having that person wear a mask, working a staggered shift, making changes in the work environment such as improving ventilation systems or limiting contact with other employees or clientele, and we talked about permitting telework if feasible or, accommodation of last resort, reassigning that employee to a vacant position in a different workplace.

I'm going to hand it back to Teresa to get into some speech impairments.

**TERESA GODDARD:**

Thanks, Lisa, and thanks for covering the vaccine issue You know, there are so many treatments for autoimmune disorders where a person may need to delay taking a vaccine of any kind. But there are so few conditions where a person couldn't take any vaccine again ever. So I'm really glad that we were able to work this into the presentation. Thanks for explaining it so well.

### [Speech Impairments]

I want to talk a little bit about speech impairment. If you guys didn't know, I love talking about speech and hearing issues, because I used to be a speech-language pathologist in my pre-JAN life. And autoimmune diseases, like those we are talking about today, can impact almost any part of the body, including those necessary for speech and language, both the speech mechanism that lets you physically produce speech, but also neurologically, the brain and the nerves that enervate that system. So I'm going to talk briefly about some types of assistive technology that might be used as part of an accommodation or for someone whose speech is impacted by an autoimmune disease. Now keep in mind that many people with autoimmune disease have no speech-language problems whatsoever, but if it does come up, just remember that we have these slides for your reference in case you need them.

So some examples of conditions that more commonly impact speech include multiple sclerosis, myasthenia gravis, and GBS. These can cause difficulties with fatigue including vocal fatigue, fatigue involving specifically your vocal cords, or their vocal folds as we would say as speech-language pathology person. Difficulty moving parts of the face to produce speech, and in some cases neurological difficulties that could cause difficulty speaking or difficulty finding the words, formulating what you want to say. People with certain gastrointestinal disorders may also be susceptible to reflux, and that can cause a predisposition to problems with one's voice as well, because whenever you do have acid reflux, that can kind of come up your throat and impact the vocal mechanism. So ideally, if somebody is experiencing these kinds of problems, I would hope they are being assisted by an assistive technology team that would include a speech-language pathologist, somebody who can evaluate their speech and language needs and recommended a treatment plan and any necessary equipment. Sometimes that happens, and sometimes it doesn't, that's the ideal.

#### [AAC Devices]

But AAC devices, or augmentative and alternative communication devices -- That won't be on the test, because there is no test -- sometimes these are also known as speech-generating devices, but they're a type of equipment used by people who have difficulty producing speech that is understandable to others. It could be all of the time, or it could be only some of the time. And these are often used in situations where something like amplification just to make them louder wouldn't be sufficient to solve the problem. Similar to the picture that we have here, which is a picture of an older DynaVox model, a lot of companies that make AAC devices make colorful picture-based interfaces, because one of their primary consumers is school systems where people would be working obviously with children. But many people who are older literate adults, professionals, also use AAC devices, and they might use one that have some pictures like you are seeing here but would also probably have some type of on-screen keyboard that people would either access by touching or by using a switch. So, they don't all look like this, sometimes they have keyboards on them.

Now in some cases, depending on the device, you can preprogram in a lot of frequently used words and phrases or even longer communications such as speeches. Many times in my career I have been at conferences where people have delivered entire presentations using a device like the one pictured here, an AAC device. And sometimes people might use it differently too. Some people like to use their natural voice as much as possible and then switch over to giving you over a message with their device if it seems like you're not understanding or if it's a complicated situation where they want to be very clear. In other words, a person might vocalize first and then use the device or combine them in some other way. That's very common.

Now the big question I always get about AAC devices is what about the telephone? Can we use these with the telephone? In talking with people who use these as professionals, people often use either a speakerphone or prefer a platform like Zoom or another video-type platform, where they would be not necessarily plugging this into a phone but using the speakers on it just the way you and I would use our voices. So people can use this with a speakerphone.

A lot of employers though don't really love the speakerphone solution. There are other ways to do it, and this is how you would. If the device has a 3.5 jack and it can send the sound that would usually come out of the speakers through that jack, then you can connect that to a desk phone using an accessory. The one that people commonly use is from a company called Zygo USA. But you need to -- if you think you will be doing that with your speech device, you should check with the company first to see if they can get the sound to come out of a 3.5 jack, because some companies, for example Think Smart, have devices that will do it, but it's hard to retrofit. You have to order it that way from the beginning, so just keep that in mind if you think you may be purchasing something like this. There are a few that can connect to certain types of phones a little bit more readily, but the technology is changing all the time, so if telephone access is a feature that you want and you don't want to use a speakerphone, talk to the vendor to see what is possible. That's my takeaway.

#### [Voice amplification]

There are also a number of devices for voice amplification. And sometimes that is all a person needs. For example, somebody with myasthenia gravis might only experience difficulty speaking loudly when their condition is exacerbated, and then other times they don't need it, so amplification for both face-to-face and telephone communication is available. Some additional accommodation ideas would include communicating another way -- you know, like by email. Or restructuring a job so that the need to speak frequently is reduced and cutting down on background noise can also be a big help. If you are looking for a telephone-related amplifier, there are multiples, but the Voice Magnifier is one that you might look at if you're using a standard phone. I only say that we don't endorse or recommend products, but it's fairly straightforward to plug in, and it's very adjustable, so that is an example of one that you might use if you have telephone needs.

And I want to look at an example where some of these principles were applied on the next slide. A federal employee with myasthenia gravis had previously received a lot of accommodations including an ergonomic workstation, a parking-related accommodation to help out with her fatigue, but when her job duties changed and she was required to use the phone more frequently, she began to experience difficulties with intermittent hoarseness and vocal fatigue. And that made it really hard for her to be understood on the telephone.

So this type of hoarseness sometimes occurs when a person has difficulty bringing their vocal folds or vocal cords together in a coordinated way. Sometimes managing overall fatigue as well as limiting the use of the voice can hold off on the development of that hoarseness through the course of the day. Sometimes people will try to overcompensate by really trying to push and project their voice, and that can lead to other types of voice problems too like vocal nodules.

So in this case, the first thing the employee tried was a voice amplification device for phones, a common first step. Those are pretty affordable. Again, the Voice Magnifier from S5 Electronics is just one example, but there are a lot others which you can find on our website. It helped a little. She was able to maintain her voice volume, and she also tried an amplifier for face-to-face conversations so that she would limit her vocal fatigue through the day. There are a lot of those, too. One that we've gotten positive feedback on from teachers is called the Chattervox, but there are a lot of different ones. You know, but the phone was a problem, and once her voice started to get hoarse, the amplifier amplified her hoarseness, and it just didn't make it easier for her to be understood. So the employer contacted JAN to get some additional ideas.

So on the next slide you'll see that the JAN consultant talked with them about some options. Here are some options for body fatigue and weakness. I think Lisa is going to go over these, I just want to talk to you a little bit about the previous case. We talked about some options that would not require her to use her voice at all, like AAC devices, and she could potentially choose whether to try amplification or one of these options depending on the situation and her personal comfort levels. So some people, like I say, do strongly prefer to use their own voice, if at all possible. I respect that. But it is good to have a backup option available if needed.

So, some of the options that we discussed were TTYs that could be used with the phone or speech-generating devices that can be used with the phone. Now Lisa's going to talk with you a bit about the body fatigue and weakness.

### [Fatigue]

**LISA MATHESS:**

So these accommodations for fatigue, they're going to look very similar to the ones of the ADLs. I think the only addition is job restructuring, so let's consider removing marginal tasks if someone is putting a lot of the physical energy into those secondary tasks.

Then on slide 17 you'll see some product AT options. If someone can't stand for long periods of time, we see a lot of the anti-fatigue matting. We see this in manufacturing settings or cashier setups, because they are in a single place for the duration of their shift. But if you're someone that has to walk over some property grounds and you're limited in the standing and walking, then there's wearable antifatigue that straps to the bottom of your shoe, which a lot of people like. You'll see on the slide stand-lean stools pictured. This gives the reach and accessibility as if you were standing, and it gives the illusion in many work settings that you are standing, so employers do love the stand-lean stools, but it really takes the weight off, takes that loadbearing pressure off if someone would be limiting -- limited in standing.

There's mobility aids, of course, we can consider. Most times it's not going to be that employer obligation if they're needed both on and off the job, but of course there are unique circumstances. And I did want to note that all the assistive technology that we're talking about today, if you download this slide deck you can -- these products are hyperlinked so you can go straight to a vendor listing of where you can find those products.

Looking at an example on slide 18, we have a financial service consultant who had been working remotely as part of the pandemic response, and the employer was calling everyone back to work, and she said that it was beneficial to continue teleworking as she needed to lie down periodically to manage her fatigue. So lots of these new requests, people really thrived in the home setting and want to continue teleworking as they saw the benefits to dealing with their medical condition.

Next slide.

As we suggest, this employer did engage in that interactive process and permitted a temporary extension of telework. This would buy everyone some time to see if they can accommodate her on-site with a private space to lay down while still enabling her to continue working with this temporary telework agreement. JAN loves temporary accommodations, and we see this when we need to buy some time, do some research. Is this feasible in the long term? Is this posing a hardship? Does it make sense for the limitations provided? So don't be scared to furnish an accommodation and put parameters on it that we're going to circle back in 30, 60, 90 days to see if it is effective without causing that hardship. It just makes good business sense. I'm going to hand it back to Teresa for some vision impairments.

### [Vision Impairments]

**TERESA GODDARD:**

Thanks, Lisa. So I'm going to talk briefly about vision impairments. On the JAN website you will find a wealth of information on accommodation ideas for both low vision and blindness. It is timely that you would be talking about telework, Lisa, because many people with vision impairments do need commute-related accommodations like telework.

But on this slide, we're kind of focusing on things you might actually use while you are working like magnification, receiving materials in large print. Letting someone have a printer so that they can put things in the font they need and enlarge them and print them out in a size that works for them can be really helpful. There are software programs available now that combine both screen magnification with screen reading. An example would be ZoomText Fusion. And people who do use the magnification find they want a larger screen, because when you're making things bigger you can fit more words on your screen if the screen itself is bigger too. Not so much because the bigger screen makes things bigger, but it gives you more space to work with.

A lot of people do experience photosensitivity, so an antiglare guard and computer glasses could be helpful with that. Depending on the person they may need a more sophisticated type of wearable absorptive filter. Basically absorptive filters are glasses that have colored tinted lenses. And the type a person needs is going to vary person to person and setting to setting. An example of a vendor that has a big variety would be Eschenbach.

So if you are in the office, installing proper lighting can be very helpful for seeing your computer and other things that you need to see. Some people like to work from home because they have more control over the lighting Frequent rest breaks to avoid eyestrain and fatigue can be very helpful.

A qualified reader is someone who can assist the person by reading the screen out loud. And during this time of so much telework, we're seeing that being provided by phone at times. People might pull up the same website at the same time, and the reader would read aloud. Ideally, of course, you want that to be totally accessible, but sometimes the employer does not have control of every resource that person might need to use.

If a person is in the office, implementing voice output on office equipment or choosing office equipment that has voice output when you press the buttons can be extremely helpful.

So let's look at the next slide.

There are a variety of hand and stand optical magnifiers that a person might use. We talked about computer glasses and screen reading software a little bit on the previous page. Usually people are going to have access to a medical provider who can help them figure out which of these would work best for them, and that's ideal. But if you want to know more about these options you can always get the slides and click through. Also we do have a blog article about choosing among options for computer users with low vision that'll give you the basics, but this is not something that employers would generally have to do alone. Usually the person's going to have people on their medical team that can help them figure it out. And there are professionals who specialize just in this very thing.

Next slide.

Okay, so here we have an example, a social worker was falling behind on her documentation -- I know the feeling. She had myasthenia gravis. On days when her condition was exacerbated, she experienced a lot more fatigue and also intermittent double vision, so you can imagine how difficult this made it to use the computer. And also she tended to have some headaches as a result of trying to look at her computer when her vision was, you know, a little bit doubled up. So naturally she was having some trouble.

So the employee, actually herself, sought a referral to get assistive technology services from a CATIS. That's a professional who specializes in helping people with vision problems find assistive technology that's going to be helpful to them, and ACVREP certifies this type of professional. They helped her figure out some strategies and assistive technology that she could use to learn how to use a computer without looking directly at it when she had double vision. And in the short term they did a few other things for her like giving her voice recognition software so that she could type by speaking and flexibility to take self-regulated breaks and do her documentation in shorter increments throughout the day, at times when it worked better for her or times of the week when it worked better for her too.

Ok. Next slide, please. Lisa, I think this one's yours.

### [Fine and Gross Motor Limitations]

**LISA MATHESS:**

Yes. Let's look at some fine and gross motor limitations. I get employer calls about whether they have to provide an ergonomic assessment, and I think it's a good business practice to have kind of in your accommodation toolkit, as it often fast-tracks getting the appropriate equipment straight from the get-go. I mean, we can play the game of ordering a bunch of equipment and trial-and-erroring it, but if we get an assessor in there, either there's virtual options now in COVID times or on-site, having a professional really fit the equipment to that individual in question, I think that is better business overall. It keeps everyone happy, so someone is not playing the waiting game of getting new equipment ordered in and shipped in and set up.

So, if you are interested in ergonomic assessment providers, we have a vendor list linked on our website, the ergonomic page here at the bottom. Like I said, there's virtual, and there's on-site. We also have ergonomic software if you want to develop this kind of program and assessment in-house. This ergonomic software can kind of teach you the basics of ergonomic principles and how to conduct an ergonomic evaluation. I like that resource. Of course, JAN does not recommend or endorse any one specific product over the next, we just try to provide these vendor lists of what we know is on the market and available to clients.

Next slide.

So, for AT, for the motor limitations, these like I said are on the slide deck, but also if you go to the AskJAN.org website and go By Limitation, these will be housed on the website as well. but for the lifting issues we often see carts, whether that's motorized or manual, compact lifting devices or material handling. This can enable someone who can't lift but still be able to move that product from point A to point B.

For fine motor issues we see a lot of the speech recognition that Teresa just talked about to limit that need of the keyboarding and mousing. And then the stand-lean stool I went over. Then work platforms, those are adjustable-height workstations that can be adjusted to optimum height or fixed-height platforms used to raise workers to the working level, and some platforms are available for wheelchair users as well where ramps are not readily available.

Next slide.

So an example for motor limitations, here we have a junior high teacher with multiple sclerosis. She was preparing to return to work after a year of medical leave, but she had difficulty standing due to lower-extremity weakness, so she could not write on the chalkboard as much as needed. The solution was that the employer purchased a tablet with a stylus and a projector, which allowed the teacher to sit and write on the tablet and project what she wrote onto that chalkboard. So the kids still got the information on the board in front, but the teacher was able to sit at a desk off to the side of the board or -- and write that information on that tablet. And I did link on the slide the JAN's Accommodations for Educators with Disabilities. It has lots of accommodation ideas for the education setting, and lots of situation and solutions which I think helped think outside the box for some of those unique ideas.

**TERESA GODDARD:**

Thanks, Lisa. I love that example so much. It's actually been around for a while, but we've used that approach many times, and it's actually more cost-efficient now than it used to be to get those types of tablets and projectors.

### [Photosensitivity]

All right. I want to talk about photosensitivity. Photosensitivity is of course where you may be sensitive to light, especially bright light, or light coming from something you need to use like your computer screen. There's a lot of trial and error involved in accommodating a person who is photosensitive. If you can, it's always better if you can take your cue from the person to know if something is actually helping or not, but here are some general considerations.

A flexible schedule or telework can help somebody avoid peak sun hours, especially if they're commuting by car. It can be very difficult to drive when the sun is at an angle in the sky. Limiting exposure to water, ice, and other highly reflective surfaces, modifying a dress code policy to allow the use of items that can reduce the impact of fluorescent lighting. So allowing the use of things like absorptive filters and perhaps hats with brims. And these can provide UV protection outdoors, but people might be using them indoors, so you might want to modify a dress code policy to allow for that. A lot of people do mistake absorptive filters for sunglasses. They're not. They are a lot more sophisticated than that. So don't just think the person is asking to wear sunglasses inside. They may use that terminology, but if it is an absorptive filter it is more sophisticated than a standard set of sunglasses.

If somebody is working outdoors you can combine tasks so that you limit their overall exposure to the outdoors and allow flexible leave around low-ozone and sun flare events. If a person needs that they will probably let you know. And then if they do not need that then you do not have to worry about that so much. If performing driving tasks, window tinting and window shades may or may not be appropriate for a particular person. It's always good if they can get some input from their eye care provider.

Next slide, please.

Some assistive technology that can be helpful, UV-filtered computer screens, UV protection clothing and accessories. UV light filters, alternate lighting, and filters designed for fluorescent light fixtures. So we have one pictured here. I believe this is the type that has magnets around the hem of a cloth cover, and so you just kind of snap those right up to that metal fixture that is around the cover of your fluorescent light. And then you can take it down when it is no longer needed, put it up when it is needed. This is popular with educators, because they may not get to have their same classroom every year. So they might need to take their modifications with them.

Next slide.

Here is an example. A federal employee with lupus had photosensitivity and was scheduled to attend training in a facility with fluorescent lighting. It's very common for someone with lupus to be sensitive to fluorescent lighting. The lighting was going to aggravate the employee's condition; they knew because that had happened to them before. Sometimes it's possible to turn lights off in an area where a person is going to be working, but in this case, they could not turn off the lights, because it was going to be too dark for everyone else without it. So they had to come up with another solution. So the employer rented a training site without fluorescent lighting in order to accommodate this person and give them equal access. And again, another common approach would be to turn off the overhead lighting and substitute other types of light, like floor lamps and task lamps, but for some things like a training that may be less feasible. What they did here probably made the most sense for them.

All right. Let's look at the next slide. Lisa is going to talk to you about memory.

### [Memory]

**LISA MATHESS:**

Thanks, Teresa. So I'm going to switch gears and spend a little time here on the cognitive issues. Individuals may experience memory deficits which may affect their ability to complete tasks, remember job duties, or recall daily actions and activities, so some accommodation ideas are recording a meeting, tape-recording the information allows the person with a disability to listen back to the information instead of reading the information. They may gain access to information better if they can listen to it rather than visually read it. And a tape recorder, we like it because someone can play it back as many times as necessary to retain that information after that original meeting. Written minutes of meetings -- I think this is beneficial for those with and without disabilities.

You'll see a common theme here with accommodation ideas for memory is to write things down, so write the instructions instead of using verbal prompts, using notebooks and calendars so someone can refer back to those written notes as many times as needed. Additional training time, environmental cues, this is where color-coding is good, bulletin boards for easy access of that vital information, and same with the instructions for frequently used equipment. Again, some of these accommodations may just be the way we do business. I know in the conference room at our office, we have instructions on that frequently used equipment, because making a conference call, you might do it only once every six months, so just having to instructions to refer to is beneficial for everybody, so I think just doing some of these minor modifications can be useful for those with disabilities and just the general staffing overall.

### [Concentration]

Moving on to concentration, decreased concentration can be attributed to auditory distractions or visual distractions or both. Office traffic, employee chatter, opening and closing elevator doors, those noisy kind of hallways and common areas. The photocopier can be loud and distracting, so to reduce some of that auditory distraction we are looking at some noise-canceling headsets, a sound machine for white noise, noise absorption panels, or just relocating that workstation and redesigning that office space to minimize those distractions. Similar ideas for the visual distractions, you might want to enclose the space, create some cube walls, reduce the clutter in the environment.

And then of course schedule modifications such as breaks for mental fatigue including the short walks, getting up for a drink, rotating through varied tasks, and then lastly the job restructuring so the most difficult tasks are being performed at the time of day that the employee has the most mental energy or stamina.

Next slide.

### [Mental Stamina]

So speaking of mental stamina you will see that we love modifying the schedule. Again this is going to be that case-by-case determination of what is effective for the specific employee. Flexible scheduling may be a reassignment to a part-time schedule, periodic breaks, a self-paced workload, time off for counseling. If someone is focusing so much time and energy on a personal matter, giving them the time to go to counseling and deal with that can improve work performance. Job coaches and supportive employment, we have some useful articles on job coaches and supports in the work setting available on the AskJAN.org website. And then part-time telework. So maybe the whole job is not feasible from home, but perhaps we can do morning hours at home, let someone get their workday started, and have them come to the office during their mid-daybreak and finish out the work tasks that couldn't be done at home. So kind of getting creative with these admin modifications or telework could be really beneficial for everybody.

So of course, there are some AT options for cognitive issues. I mentioned these ideas on previous slides, but this bulleted list will have those hyperlinks of vendor lists. You'll see we have the headset pictured to block out that extra office noise or neighborhood noise if you're still remote. In the middle, the blue watch, that is a Watchminder, which is a vibrating silent alarm and reminder system. It can be worn by people and others to minimize disruptions to the user or those around them, so it's a silent alert just for the person wearing it. And then the tape recorder on the right side, again, re-playing those recordings of the meetings or their own personal notes that they want to remember later.

Looking at the situation and solution, we have a bus driver with Hashimoto's, that thyroid disorder, so while he's good at the day-to-day job tasks, bus driver duties, he was often late or completely missing meetings the employer emailed him. When the employer brought it up, the employee said, "I have some brain fog. It's causing me to lose track of time or completely forget about those scheduled meetings."

So the solution here was that -- it was actual trial-and-error accommodation solution. First the employer was emailing the employees, well this bus driver, he still wasn't checking the email, so it was -- that email was going into the void. So then the employer bought a smartwatch to email -- so email notifications could be viewed on the actual watch, which was on the employee's person. So this is what is going to be important to determine what AT would be most beneficial for the user. So someone with a cognitive impairment having a smartwatch, that accesses all your phone and email, that may be overwhelming, and they might fall down that rabbit hole, but for some people with a cognitive impairment having access to the email is going to be better because otherwise they would have forgotten the email, so kind of balancing the needs of the employer and the job tasks versus the limitations of the employee, I think it really needs to be that tailored accommodation solution.

So if someone with a cognitive impairment may get preoccupied with the Apple watch, like I mentioned, then maybe the Watchminder would be a more appropriate where it just flashes, go to your office and check your email, and get the data that way. So kind of determining what would be effective is going to take an assessment.

Ok. Back to Teresa for temperature sensitivity.

### [Temperature Sensitivity]

**TERESA GODDARD:**

Thanks, Lisa So temperature sensitivity can go either way. You could be too hot, you could be too cold, some people may be too hot or too cold depending on the situation, the time of day, the setting. So the most obvious thing that people usually try is modify the worksite temperature, let someone have a heater, make sure the ventilation system is in good order. If they get too cold, don't be pointing the air conditioning vent directly at their desk and provide work areas with separate temperature controls We all know these things aren't always possible, so modifying a dress code so that a person can wear clothing that helps them feel more comfortable can make a huge difference in somebody's comfort and productivity.

Allowing flexible scheduling and flexible use of leave during inclement weather, also an option. Letting somebody work from home or work from an alternate location could give them more control. We do have an article on accommodations for cold weather, and the link is there if you feel like checking that out later.

See the next slide, please.

Some assistive technology that could be helpful includes the following. If you want to know more, please go to the links and see some vendor information. Heated gloves have been very popular recently, but there are also examples of cooling clothing.

Let's see the next slide.

Factory worker with myasthenia gravis was more susceptible to fatigue when he felt too warm. This is very common with myasthenia gravis to have symptoms exacerbated when it is too warm. What did they do? They gave him a cooling vest so he could feel cooler even though the environmental temperature couldn't be changed all that much.

Back to you, Lisa.

### [Suppressed Immunity]

**LISA MATHESS:**

Ok. So suppressed immunity, we are seeing this more now than ever, some people are at a heightened risk of getting severely ill from COVID if they were to contract it. There were also suppressed immunity issues before COVID. Someone may have needed modifications during peak flu season, or if they were on a different medication that suppressed their immune system. All these things, they're always been around, but I think COVID has brought it to the forefront.

So telework to completely exempt someone from that environment, restructuring schedules and job duties to basically social distance and limit exposure to one another -- colleagues, customers, clients and the like.

So looking at AT products for suppressed immunity on slide 43, the PPE, if you don't already provide it, you may need to provide it as an accommodation. Protective panels, we're all familiar with these types of things.

So the example here, we have an IT person who is trying to figure out what was going on. They were getting various testing, they happened to be on leave. They finally did get that MS diagnosis, so now they're going to have to be on a new set of infusions to get that MS under control. Their medical provider said, "I advise against any vaccines while we're going through this infusion regimen." The doctor said you can return to work, but you might need to put that vaccine on hold. So the solution here, it wasn't a long-term or a permanent exemption. The doctor didn't suggest that, the employer didn't assume that. They really talked to the individual. They just needed some interim accommodations or temporary accommodations to let this person get the treatment they needed and then come back to work. So they extended telework, so work was being performed while they were still in that safe environment for the time being. So it was a win-win for both parties.

I know we are limited on time, so I'm going to pass it to Tracie to tie up loose ends.

## [Conclusion]

**TRACIE DEFREITAS:**

Thanks so much, Lisa and Teresa. You did a great job, lots of really useful information there, and we appreciate it. Unfortunately, that is all the time that we have for today. So, Lisa and Teresa, we thank you for sharing your time and expertise with us. For additional information on the topics discussed today, please do contact JAN. Go to AskJAN.org to contact us by phone, live chat, or email. Please also consider following us on Facebook and Twitter.

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We'd like to thank Alternative Communication Services for providing the captioning for this webcast. And finally, please join us again next month for "Next-Level Accommodation and ADA Challenges." Thanks to everyone for attending this Accommodation and Compliance Webcast Series event, and this concludes today's training.