
Editorial

We join Dr. Steve La Grow in welcoming you to the *IJOM's* seventh volume. Steve's analysis of our content to date is heartening. When we commenced publishing in 2008 we expressed the ideals of an international O&M community sharing ideas, research, and innovation primarily to improve practice and build upon the great work that had been already completed. Reviewing the content of seven volumes, it seems, together, we are achieving this goal. For example, the *IJOM* has tracked a contemporary evolution from basic electronic travel aids and GPS systems to the current iPhone through which individuals with vision impairment can use a range of mainstream applications to refine and enhance their independent mobility. Further, the *IJOM* tracks the positive development of O&M policy and standards in some countries; new guide dog training approaches; as well as important O&M skills like echolocation and its eventual inclusion in post-graduate O&M degrees. The tracking of progress and improvement in existing research and practice is essential to prevent the profession going around in unproductive circles. The development of the O&M profession depends upon us asking ourselves: "what's next?" "what's relevant?" and "is this idea, research, or practice truly useful for a person with vision impairment?" This is your journal available to publish and promote your work.

Our original intention was to publish this volume after the *International Mobility Conference 15 (IMC 15)*, July 6-9, 2015, in Montreal, Canada so that we could share with you some of the innovative ideas that come out of the conference and discuss possible future directions for O&M. The IMC conference will be addressing such varying themes as environment accessibility; intervention for older people; intervention with clients with additional complexities; guide dog training; and innovations in technology. However, we have received a number of valuable papers which we were impatient to share with you. However, be assured that Volume 8 will, in part, contain an overview of the useful O&M ideas and approaches reported at IMC 15.

In this volume the lead article by La Grow, Towers, Kim, and Haneline investigated the applicability of the Difficulty with Mobility Questionnaire (DMQ) as an outcome measure for guide dog instruction on mobility-related behaviours, for example, identifying drop-offs (curbs/steps); crossing at busy or complex intersections. The authors reported that their instrument was reliable and valid, making this a valuable tool by which O&M organisations could potentially evaluate the quality of their dog guide service. For those interested in adding to this important body of work, the authors suggested that the instrument be trialled with larger numbers of participants, using controls, together with such objective measures as travel logs and geo mapping.

Keye and associates investigated the applicability of a successful fall prevention program (i.e., LiFE) for older people with vision impairment. The LiFE program has the advantages of being home-based, incorporating exercises that are easy to use and lifestyle integrated, aimed at enhancing strength and balance to decrease the likelihood of falls. For example,

tightening and relaxing the lower limbs; standing/walking on heels or toes; leaning sideways; all of which can be performed while engaging in daily activities within the home. Their conclusions were positive with recommendations that additional research be powered to measure differences in outcome measures. The implications of this program are immense given that it might assist to reduce the alarming statistic that 1 in 3 older adults fall each year.

An emphasis on student O&M occurred across three papers. First, Banda and associates used an experimental design to assess the efficacy of behavioural-based training techniques used to teach O&M to two students with autism and additional disability. Results suggested that training clients with complex conditions will most likely be effective when reinforcers and systematic instruction are applied. Second, Perla and Maffit discussed the benefits of students creating O&M portfolios when participating in O&M programs. Portfolios allow students to track their own effort and progress during O&M. This tracking seems to help students engage positively in their O&M by assisting them to reflect on their effort, acknowledge their achievements and progress, and allow families to also understand and appreciate the student's progress. Third, De Pountis and Sheriff introduced an adapted mobility device (AMD) to a child with congenital blindness and multiple disabilities. Using music as a positive reinforcer, the student was able to grasp and use the AMD for a greater distance than previously thought possible. These papers highlight the power of using positive reinforcers when training and most importantly, reinforcers that have meaning to the individual student.

New ideas were explored in the work completed by Holmes and Prentice; and Hower and Still. First, Holmes (traveller who is blind) and Prentice (mobility specialist seated in an office) described using the iPhone application *Facetime* during O&M sessions. The traveller initiated contact with the mobility specialist when she required assistance, for example, looking into a glass cabinet in a shop to seek an item of interest; to have the layout of a new intersection explained; to identify hazards in the environment. The implication of an experienced traveller with vision impairment initiating assistance from a mobility specialist in an office is exciting. For instance, it is resource efficient in that the specialist does not have to be with the traveller in person; and it allows people with vision impairment to experience even greater independence in unfamiliar environments knowing they can seek assistance immediately in real-time when needed. Second, Hower and Still described a unique tracking/scanning-program approach to assist people with post-stroke visual field loss. Using a display of dispersed sports cones (i.e., 70 brightly coloured plastic cones placed on the ground) the authors identified a client's functional field loss; and overtime develop the client's scanning and tracking skills so that he was able to move freely through complex environments. Importantly, scanning commenced from ground level so that the client avoided tripping or falling when travelling.

Two papers require readers to question their notion of O&M. First, Deverell and her associates presented a set of tasks and measures that might capture the true essence of contemporary O&M for measuring program outcome. The authors propose that O&M

is much more than travel efficiency but also encompasses, for example, such elements as pleasure, interdependence, and self-regulation. Dodson-Burk, Peterson, and Olsson discussed the necessary expansion of O&M, renamed in the U.S as ‘Travel Instruction,’ to include individuals with disability other than blindness. In the US, the O&M Division of a major blindness organisation adopted a position paper that supports certified O&M specialists teaching travel skills to persons with disabilities other than blindness. Such a shift in service delivery might have numerous benefits to O&M organisations as well as clients who would otherwise not receive this professional service.

We trust you will enjoy these papers and of course invite you to submit evidence of your practice, research, and theoretical papers to the *IJOM*. We welcome letters to the editor – please confront us; challenge us; join us – but above all – write to us.

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Editors