TACTIFYING LANGUAGE INTEGRATIONS BRINGS YOU...

DEAFBLIND INTERPRETING: PROTACTILE IMAGERY FOR DEAFBLIND PATIENTS.

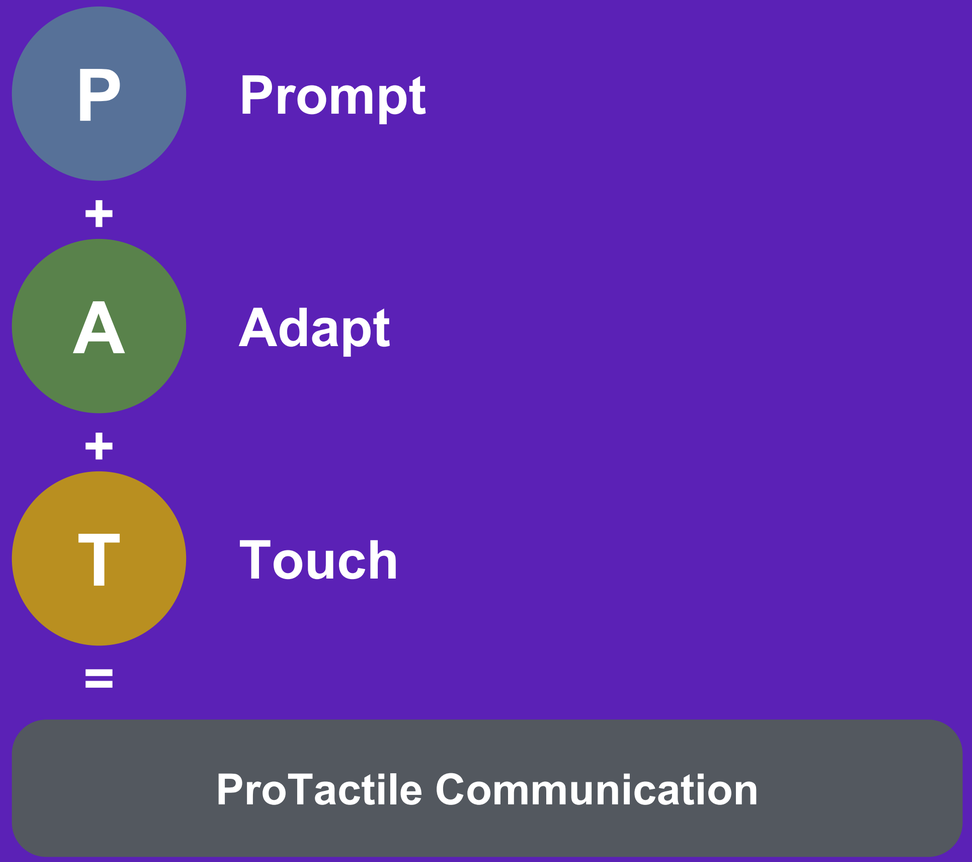
PROTACTILE SKILLS FOR CLARITY, ACCURACY & PATIENT SAFETY

PRESENTER: TARA L. INVIDIATO, M.ED
IN PARTNERSHIP WITH NJRID AND ASL-IRS

What is ProTactile (PT)?

ProTactile is hands on imagery on the backchannel areas to touch. It is a sensory form of communication that must be felt on the body.

What is ProTactile (PT)?



What is ProTactile (PT)?

Prompting with PAT

- Tap the person’s Receiving Hand
- This Signals, “follow my hand gestures.”
- The person switches to their other hand so you can draw images on their hand/forearm.

What is ProTactile (PT)?

In other words: tapping the receiving hand:

- “give me your other hand – copy my gestures.”
- Or simply say “Copy me! Copy me!”

What is ProTactile (PT)?

Note:

Most DeafBlind use two hands to communicate freely

In Medical setting, they may only use one hand – this can be challenging especially for tactile imagery.

What is ProTactile (PT)?

If only one hand is available:

- Use your free hand to draw imagery/signals on:
- Upper forearm
- Back of hand
- Palm

Tips:

- Let it flow naturally – every patient is different
- Don’t panic about “which arm? Which Hand?
- The right method will be clear in the moment.

Tactifying Adaptations

Communication Modalities:


Fingerspelling


Tadoma


Visual ASL


Close-up Tracking ASL


Tactile ASL


ProTactile


Braille Touch


Speech (Vocally or Lip Reading)

DeafBlind never use one mode of Communication. Therefore, Interpreters must learn to adapt multiple modes of communication.

Ain't Your Average Dough Person

In Medical Settings:

- Some interpreters **poke or touch** injury areas — this can cause pain
- **ProTactile skills** improve clarity, accuracy, and patient safety

Ain't Your Average Dough Person

When in Doubt:

- Ask the **doctor** to pinpoint injury location
- Avoid interpreter causing pain or discomfort

Ain't Your Average Dough Person

Backchannel Mapping:

- **Never** use the patient's **back** for mapping cues, directions, or imagery
- Patients will not be comfortable with being flipped or repositioned

Basics in check up

Basic Check-Ups for DeafBlind Patients

Typical Steps:

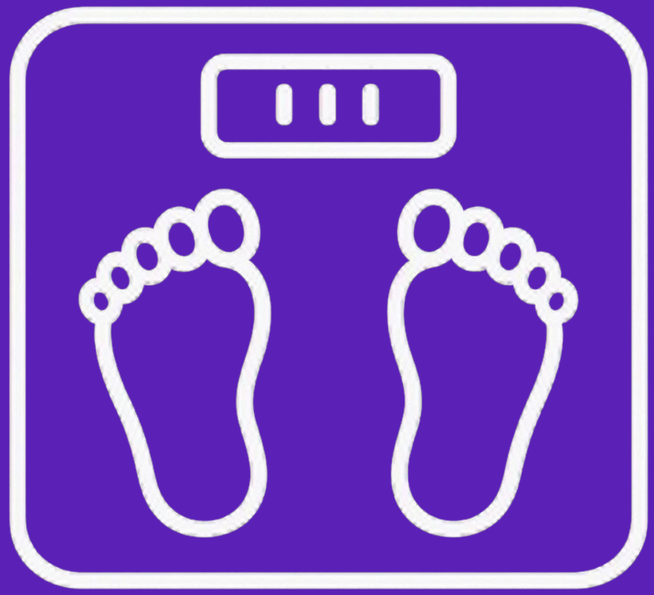
 Weigh scale

 Blood pressure

 Temperature

 Oxygen fingertip device

Basics in check up



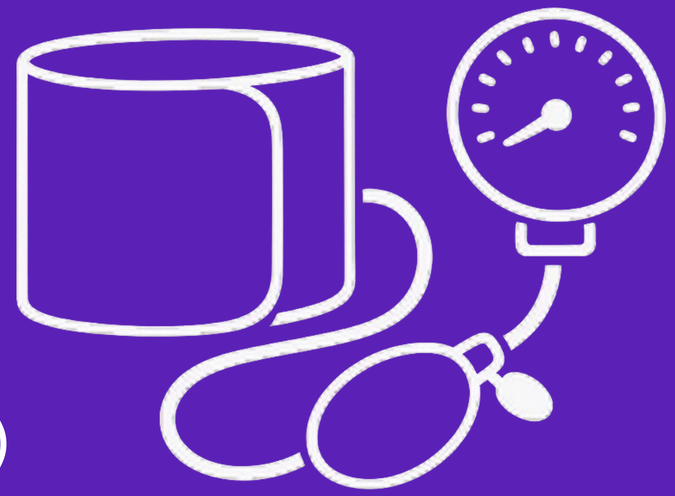
Weigh Scale

- Sign ASL for **“weigh”** — not “how fat are you?”

Basics in check up

Blood Pressure Cuff

- Pump fist next to bicep to indicate cuff
- Avoid grabbing the whole arm (no “flabby” check!)



Basics in check up

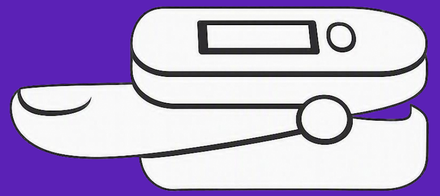
Temperature

- Inform if it’s **forehead** or **mouth** thermometer
- Prompt by pointing to your own forehead or cheek
- **Do not** point at the patient’s face

Basics in check up

Oxygen Fingertip Device

- Explain: “Small square plug on fingertip”
- Mimic “plugging” motion onto your own finger



Basics in check up

Important Note:

Interpreter should **stay in the room** for:

- Safety
- Communication support
- Gathering info on the patient’s visit
- Building rapport before the appointment

Demand Control

Always inform the patient before technician, nurse or doctor performs an action on them. (Ex. Changing bed, changing IV, Checking vitals Etc.)

Medical Etiquette During PT

First Things First

- Ask in ASL where the pain is — avoid causing discomfort
- **Never ask:** “Can you hear me?” or “Can you see me?”

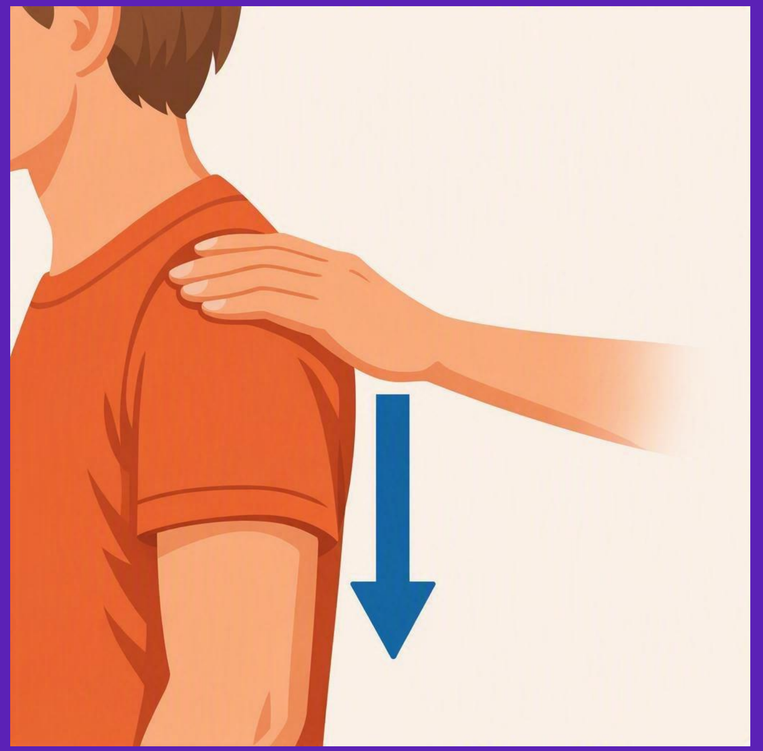
Medical Etiquette During PT

Getting Attention

- Slide your hand from the **shoulder down to the elbow**

Do NOT:

- Grab resting or busy hands
- Tap on the shoulder (hearing culture)



Medical Etiquette During PT

Touching Face or Head

- Always ask permission first
- If allowed:
  - Slide hand from shoulder up the arm
  - Pause briefly
  - Proceed to touch face or head

Medical Etiquette During PT

Yes & No in Tactile Communication

- **Yes / Acknowledge:** Tap patient’s hand or arm with full five fingers
- **No:** Wave full hand on patient’s arm or in their clear hand

Medical Etiquette During PT

- **Interpreting “You”**
- Point gently by touching patient **below the collarbone** or **on the shoulder**
- Indicates personal “You,” not “you guys”

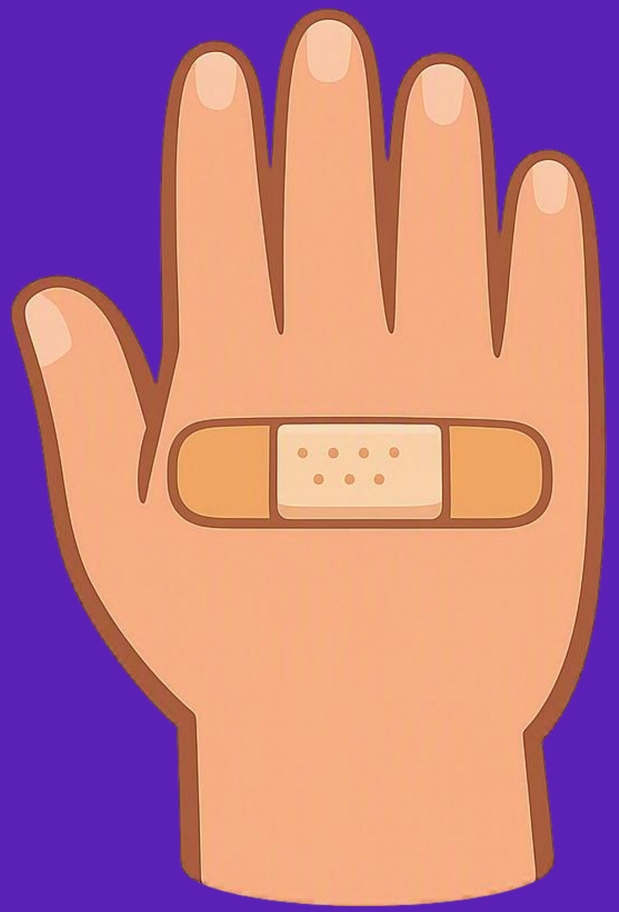
Medical Etiquette During PT

When interpreting for DeafBlind do not use lotion:

- **Will make your hand Grimy sticky or slippery.**
- **Client may be allergic to Lotion.**

Medical Etiquette During PT

If you have cuts or abrasion use bandaids or Bandage. Protect your client and yourself.



Touch Signals in PT

- Walk (apply legs walking on patient's forearm)
- Emergency: (draw X on arm or hand)
- Bathroom: (mimic flushing three times on shoulder forearm)
- Medicine: (apply sign CL:25 on patient's inner palm)
- Doctors, Technician, nurse walking by: (apply walking legs across collar bone)
- MRI or Cat Scans: (apply CL:C for the machine and CL:U for person going in and out)
- Switching terps: (mimic turning a dial on shoulder forearm)
- Terp leaving patient's side for a moment: (CL:1 on the shoulder striking)
- Move (CL:Flat O Across the forearm)
- Sleep (Mimic the sleep sign on the collarbone or on the back of the hand)

Touch Classifier Formula

Go Back to ASL 2!

- Touch Classifiers are the interpreter’s **lifeline tool** for ProTactile communication

Touch Classifier Formula

What Are Touch Classifiers?

- Handshapes from the **ASL alphabet** and **numbers**

Represent:

- Shapes
- Movements
- Spatial locations

Touch Classifier Formula

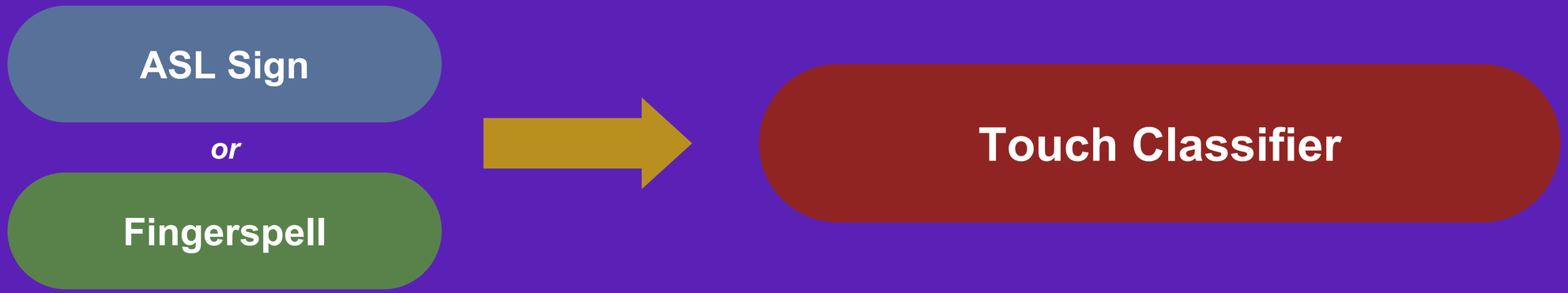
Apply Through BACKCHANNEL Areas:

- Arms
- Legs
- Collarbone
- Hands

Avoid:

- Back (restrictive)
- Head or face (too delicate)

Touch Classifier Formula



Tap or Press Fingers

Tap or Press Fingers for:

- Telling numbers
- Role-shifting tactics (index is doctor, middle is concerned mother) etc.

Note: Use POP (print on palm) for bigger numbers like blood glucose readings (128 mg)

Second Note: Use “Number” or “Letter” for 0, 2, 6, 9, 15

SASS Size and Shape Specifier

Shapes:

- Draw **triangle**, **square**, **rectangle**, or **circle** on:
  - Hand
  - Palm
  - Forearm

SASS Size and Shape Specifier

Measuring Size

Height:

- Move patient’s forearm upright
- Start **elbow** → **fingertips** to show measurement

Width:

- Move patient’s forearm horizontally
- Start **fingertips** → **elbow** (or to shoulder for larger sizes)

SASS Size and Shape Specifier

Incisions and Surgery

- Using your thumb on the persons body to show location and size of the incision.

SASS Size and Shape Specifier

Examples:

- Bolus size in IV fluid bag
- Units in a syringe
- Incision size

SASS Size and Shape Specifier

Exception:

- **IV fluid bag depletion** → use the shoulder to show decreasing levels

Levels of Severity & Pressure

Purpose:

- Help identify pain level on a **1–10 scale**

Levels of Severity & Pressure

How to Show Pressure:

- Start at **wrist** → move toward **elbow**
- Increase pressure gradually from **soft** to **intense**
- Allow patient to **mimic intensity** so interpreter can estimate pain level

Levels of Severity & Pressure

Technique:

- Gently squeeze the skin on the arm
- Use **thumb pressure** near the elbow

Levels of Severity & Pressure

If Arm Is Not Available:

- Apply same method on **leg (shin)**

Classifier:
- **CL:B** = “range spectrum” on arm or shin

Levels of Severity & Pressure

Classifier:

- **CL:B** = “range spectrum” on arm or shin

Power to PT! (Raise Fist)

Anatomy

Forearm upright:

- Head
- Eyes
- Nose (Thumb)
- Mouth (Palm)
- Neck
- Throat
- Chest
- Abdomen
- Buttocks or Colon

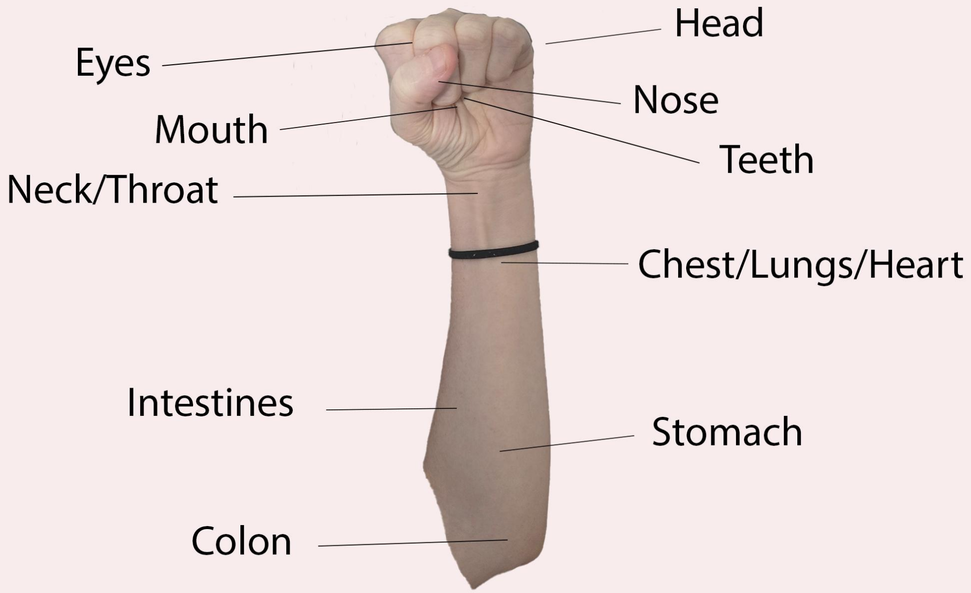
Top of Forearm:

- Back of head
- Spine
- Kidneys

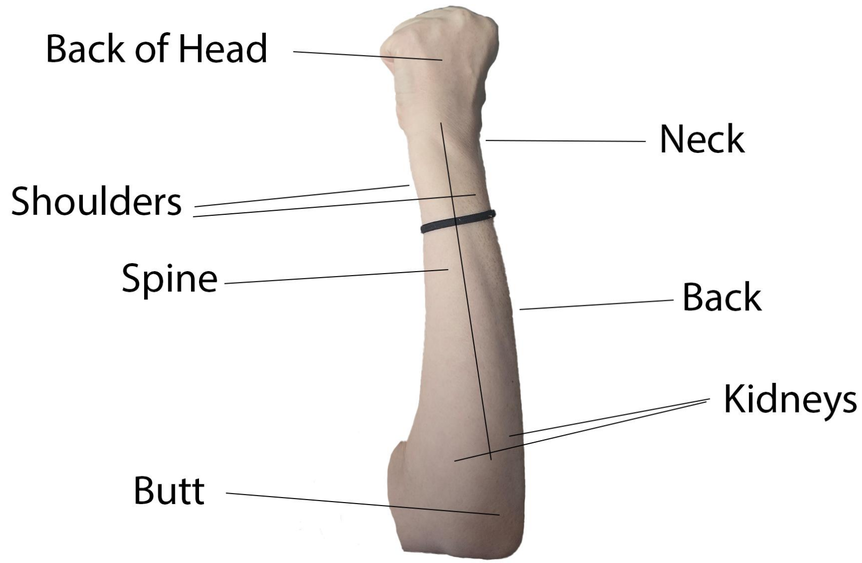
Power to PT! (Raise Fist)

S for Anatomy

Front



Back



Cochlear Implants & Hearing Aids

- Never Touch a clients head to discuss location or surgery
- Use S Prompt to assist in Cochlear implant consultation or hearing aid fittings

Heart to Heart

Heart Pumping:

- **CL:5** – pumping motion

Valves Letting Blood Circulate:

- **CL:B:B** – opening/closing motion

Main Artery:

- **CL:O** – wide open
- **CL:O-flat** – clogged

Heart to Heart

Doctor May Ask:

- Is your heart **fast** or **slow**?
- Use **CL:S** (heart as whole)
- Clap on CL:S to show speed
- **Do NOT** apply to patient’s chest

Heart to Heart

Catheter, Stents, Pacemaker:

- Use **collarbone** to draw where wires/stents are located (pinky finger)
- Apply patient's fist (**CL:S**) to show insertion points for tubes/stents/pacemaker

Pacemaker:

- Draw square on collarbone (**CL:L-bent**)

Lungs

- Pneumonia
- Lung Collapse
- Bronchitis

Note: CL:B or CL:4 to show Lungs or tubes in the lung.

Chemo, Insertions IV & Kidney Dialysis

- (CL:1 or CL:4) Water, drugs or blood transfusions on the arms.
- (CL:1:1 in opposite direction) Kidney treatment: water in, blood out.
- (CL:B) on levels of increase or decrease on the forearm such as IVBUBBLE soon deplete.

Surgery, Catheter & Shunts

- Heart
- Lungs
- Eyes
- Stomach
- Head to Spine
- Pacemaker Wires

Play Time! #1

Get together in groups of 3 Role play: Doctor, Patient, Interpreter

10 minutes

Scenarios

1. Doctor: “You need to have a shunt in your heart and a pacemaker”
2. Doctor: “The kidney dialysis treatment takes 6 hours, water goes in, blood comes out, don’t fall asleep or I will think you flatlined. haha”

Brain or Head Injury

- Ask patient to copy your handshape:CL:5 (half a brain) to show where tumor or anything of a lump.
- Can use CL:S to pinpoint top of the back of patient's fist for the back of the head or knuckles for top of the head.
- Brain bleeding: CL:S with CL:4 for bleeding on the side of handshape S on the patient's fist.

Broken or Fractured

- Broken bone: CL:4 (bend four fingers gently) and explain where location is being broken.
- Apply the sign of "crack" for fracture on patient's hand. CL:B
- For SPRAIN, gently twist wrist.

Physical Therapy (PT)

- Arms: CL:Y
- Legs: CL:2
- Foot: CL:B
- Back Spine: CL:S
- Rotating Cuff: CL:C (on shoulder gently circling over upper forearm)
- Ankle or Shin: CL:S (Downward)

Note: Elbow can represent the kneecap. Wrist can represent the ankle.

Play Time! #2

Get together in groups of 3 Role play: Doctor, Patient, Interpreter

10 minutes

Scenarios

1. Doctor: “You have a broken foot; you need physical therapy to regain up and down motion.”
2. Doctor: “After falling off your bike and hitting your head you developed a concussion, need to give you an IV and fluids to prevent your brain hemorrhaging.”

Dentist Procedures

- Never touch mouth of patient, if asked "where? where?"?" have the nurse or dentist point on their teeth.
- PT: Hand Shape “E" which your fingers mimic as teeth on top. Palm can be ideal for bottom teeth following the lines of your fingers "E".
- Drill: (CL:1) Pull: (CL:A) Open & Close on the side of cheek: (CL:C) Caps & Crowns: (CL:S) (sideways) then CL:5 (capping).

EYE Vision

- Eyeball: CL:S
- Insert shunts tubes to regulate pressure: CL:1
- Laser or Lasik: CL:L with flashes (photo)
- Eyedrops: You can touch patient's eyebrows if ask permission or apply CL:S and point knuckles which is left or right eyeball.

Play Time! #3

Get together in groups of 3 Role play: Doctor, Patient, Interpreter

10 minutes

Scenarios

1. Doctor: “We will remove cataract in your right eye and you will have an eye patch.”
2. Doctor: “your left front tooth on the top needs a root canal then a new crown. Also, your right lower back molar needs to be extracted and a new implant.”

Vasectomy & Hysterotomy

- Male tie: upright CL:Y with handshape R (represents the genital)
  - Cut the Y that represents the tubes where the sperm flows and pull it behind the penis (handshape R)
- Female tie: Down CL:Y
  - The Y represents the tubes such as fallopian, and your knuckles can represent uterus. when cut the Y handshape, pull behind as means to be tied and stitched up.

Prostate & Breasts

- Prostate: CL:S:S (squeeze for check-up)
- Breasts: CL:S:S for two but can indicate one handshape S for IMPLANTS, reductions, nipple removal, mastectomy, mammogram (squeeze squeeze)

Play Time! #4

Get together in groups of 3 Role play: Doctor, Patient, Interpreter

10 minutes

Scenarios

1. Doctor: “Your vasectomy was unsuccessful and was accidently castrated.”
2. Doctor: “Mammogram found a lump on the bottom of your right breast, you will need a biopsy.”

Scopy Flash!

- Colonoscopy: CL:S and CL:1 start from the elbow where the anus should be and wiggle up applying flashes where there is cameras being used. Indicate thumb to cut polyps if applicable on the under-arm side.
- Laparoscopy: cameras in body. Use flashes sign on the under-arm side of CL:S.
- Endoscopy: Wiggle down from the neck on CL:S under arm side and apply flashes.

GASTRO ISSUES

- Stomach: CL:S under arm side
- Intestines: CL:4
- Esophagus towards intestines: CL:5

Note: You can twist CL:4 if intestines are knotted, clogged, twisted. Use CL:5 showing inflammation or infection spread on CL:4.

Don’t be a Prick.

Endocrinology most common issues:

- Diabetes: CL:L:bent, prick on the patient’s finger to show testing blood sugar
- Thyroid: CL:L:bent, on the neck. To show infected area use CL:1 and CL:S (raise the fist)

Play Time! #5

Get together in groups of 3 Role play: Doctor, Patient, Interpreter

10 minutes

Scenarios

1. Doctor: “First we will check your sugar, then you will receive an endoscopy and colonoscopy the same time.”
2. Doctor: “Your intestines are inflamed all the way up to your esophagus.”

Q & A

Any Questions?

Thank you!

- ASL-IRS
- NJRID
- Cai Steele, DB Inspiration and Trainer
- Leah N, Erika K: Interpreters
- Ruth H: Co-Navigator

Please take the time to fill out our survey to help us improve.