

TACTIFYING LANGUAGE INTEGRATIONS
BRINGS YOU...

PROTACTILE IN MEDICAL SENSORY TACTICS!

PRESENTER: TARA L. INVIDIATO, M.ED
IN PARTNERSHIP WITH INTEGRITY INTERPRETING, INC.

Ain't Pillsbury Dough Boy

In Medical Settings:

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

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When in Doubt:

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

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Backchannel Mapping:

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

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)?

PAT:

P = Prompt

A = Adapt

T = Take Turn

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.

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

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 upper arm**

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”

Classifier Formula

Go Back to ASL 2!

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

Classifier Formula

What Are Classifiers?

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

Represent:

- * Shapes
- * Movements
- * Spatial locations

Classifier Formula

Apply Through BACKCHANNEL Areas:

- * Arms
- * Legs
- * Collarbone
- * Hands

Avoid:

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

Classifier Formula

Formula:
ASL Sign / Fingerspell → Touch Classifier

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

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

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)

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)**

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

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 accidentally 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!

- * Rachel Matthews, Collaborator
- * Cai Steele, DB Inspiration and Trainer
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- * Paul Werner, Tech Support

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