TACTIFYING LANGUAGE INTEGRATIONS

Presents

DeafBlind Interpreting:

Protactile Imagery for DeafBlind Patients

ProTactile Skills for Clarity, Accuracy & Patient Safety

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In partnership with ASL-IRS & NJRID

1. Introduction to ProTactile (PT)

- **Purpose:** Enhance clarity, accuracy, and patient safety in medical interpreting for DeafBlind patients.
- Avoid touching injury areas — ask the doctor or medical professional to pinpoint.
- Never use the patient's back for mapping, cues, or imagery. Patients will not be comfortable being flipped or repositioned.
- Most DeafBlind use two hands; in medical settings, one hand may be available — adapt PT accordingly (upper forearm, back of hand, or palm). Let it flow naturally.

2. PT Fundamentals: PAT & Prompting

- **PAT =** Prompt • Adapt • Take Turn
- Prompting: tap the receiving hand to signal ‘follow my gestures’ — patient switches to the other hand for drawing on hand/forearm.
- If only one hand is available: use upper forearm, back of hand, or palm. Don't panic about which arm/hand — the right method will be clear in the moment.

3. Basic Check-Up PT Cues

- **Weigh scale:** Sign “weigh” — not weight-shaming language.
- **Blood pressure:** Pump fist near bicep to indicate cuff; avoid grabbing the whole arm.
- **Temperature:** Indicate forehead or mouth thermometer by pointing to your own face — never the patient's.
- **Oxygen fingertip device:** Describe a ‘small square plug’ and mimic plugging it onto your own finger.
- **Interpreter presence:** Stay in the room for safety, communication support, gathering visit info, and building rapport.

4. Medical Etiquette for PT

- Ask in ASL where the pain is before touching, to avoid causing discomfort. Never ask “Can you hear me?” or “Can you see me?”
- **Getting attention:** Slide hand from shoulder down to upper arm. Do NOT grab resting/busy hands or tap the shoulder (hearing culture).
- **Touching face/head:** Ask permission first. If allowed, slide hand from shoulder up the arm, pause briefly, then proceed.
- **Yes / Acknowledge:** Tap full five fingers on hand/arm. **No:** Wave full hand on arm or in clear hand.
- **Interpreting “You”:** Touch below the collarbone or on the shoulder to indicate personal ‘you’ (not ‘you guys’).

5. Classifier Formula & Backchannel Areas

Go back to ASL 2! Classifiers are the interpreter's lifeline tool for ProTactile communication.

- **What are classifiers?** Handshapes from the ASL alphabet and numbers, representing shapes, movements, and spatial locations.
- **Formula:** ASL sign or fingerspell → tactile classifier on backchannel area.
- **Apply through backchannel areas:** arms, legs, collarbone, hands.
- **Avoid:** back (restrictive), head/face (too delicate).
- **Tap or press fingers for:** telling numbers; role-shifting (e.g., index = doctor, middle = concerned mother).

Note: Use POP (print on palm) for bigger numbers like blood glucose readings (e.g., 128 mg). Use “Number” or “Letter” handshape framing for 0, 2, 6, 9, 15.

6. SASS (Size and Shape Specifiers)

- Draw triangle, square, rectangle, or circle on the hand, palm, or forearm.
- **Measuring height:** elbow → fingertips (forearm upright).
- **Measuring width:** fingertips → elbow, or to shoulder for larger widths (forearm horizontal).
- **Use cases:** bolus size in IV bag, syringe units, incision size.
- **Exception:** IV bag depletion — use the shoulder to show decreasing fluid level.

7. Common PT Touch Signals

- Walk: walking-legs motion on forearm.
- Emergency: draw an ‘X’ on arm or hand.
- Bathroom: mimic flushing three times on shoulder/forearm.
- Medicine: CL:25 on inner palm.
- Staff walking by (doctor/tech/nurse): walking motion across collarbone.
- MRI/CAT: CL:C for the machine, CL:U for person moving in and out.
- Switching interpreters: turn-dial motion on shoulder/forearm.
- Interpreter leaving briefly: CL:1 striking on the shoulder.

8. Levels of Severity & Pressure (Pain Scale 1–10)

- Show the range from wrist (soft) to elbow (intense); allow the patient to mimic intensity so you can estimate the pain level.
- **Technique:** gently squeeze the skin; apply thumb pressure near the elbow.
- If the arm is not available, use the shin.
- **Classifier:** CL:B represents the ‘range spectrum’ on arm or shin.

9. Anatomy Mapping with Forearm

- **Forearm upright:** Head → Eyes → Nose (thumb) → Mouth (palm) → Neck → Throat → Chest → Abdomen → Buttocks/Colon.
- **Top of forearm:** Back of head → Spine → Kidneys.

10. Medical Areas & Procedures — Key Classifiers

Heart

- CL:5 (pumping); CL:B:B (valves opening/closing); CL:O (artery wide open); CL:O-flat (clogged).
- **Heart rate:** use CL:S (whole heart) and clap on it to show fast/slow — never touch the patient's chest.

Catheter, Stents & Pacemaker

- Use collarbone to draw wire/stent path (pinky). Patient's fist (CL:S) shows insertion points. Pacemaker square: CL:L-bent on collarbone.

Lungs

- Pneumonia, collapse, bronchitis — use CL:B or CL:4 to show lungs/tubes.

Chemotherapy, IV & Dialysis

- CL:1 or CL:4 for water/drug/blood infusions on the arm; CL:1:1 in opposite directions to contrast flows (kidney treatment: water in, blood out); CL:B on forearm shows increasing/decreasing levels (IV bag depletion).

Surgery, Catheters & Shunts

- Common areas: heart, lungs, eyes, stomach, head-to-spine, pacemaker wires.

11. Neurology, Orthopedics & PT

- **Brain/head injury:** patient mirrors CL:5 (half-brain) to localize tumors/lumps. CL:S pinpoints back/top of head on fist/knuckles. Bleeding: CL:S with CL:4.
- **Broken/fractured/sprain:** CL:4 bent shows a break; ‘crack’ motion for fracture on patient's hand; sprain = gentle wrist twist.
- **Physical Therapy:** Arms CL:Y; Legs CL:2; Foot CL:B; Spine CL:S; Rotator cuff CL:C circling over upper forearm; Ankle/Shin CL:S downward. Elbow can represent kneecap; wrist can represent ankle.

12. Dental & Ophthalmology

Dental

- Never touch the patient's mouth — have the provider point. ‘E’ handshape for teeth: fingers = top teeth, palm = bottom teeth.
- Drill: CL:1. Pull: CL:A. Open/Close: CL:C. Caps/Crowns: CL:S (sideways) then CL:5 (capping).

Eye

- Eyeball: CL:S. Shunts: CL:1. Laser/LASIK: CL:L with flashes.
- Eyedrops: touch eyebrow with permission, or apply CL:S and point knuckles for left/right eyeball

13. Reproductive & Endocrinology

- **Vasectomy:** upright CL:Y with handshape R (genital); cut ‘Y’ tubes and pull behind to tie.
- **Hysterectomy/tubal:** down CL:Y for fallopian tubes; knuckles = uterus; cut ‘Y’ and pull behind to tie/stitch.
- **Prostate:** CL:S:S squeeze for exam. **Breasts:** CL:S:S (two) for mammogram; S-handshape for implants/reduction/nipple removal/mastectomy.
- **Endocrine:** Diabetes CL:L-bent (finger prick); Thyroid CL:L-bent at neck; infected area shown with CL:1 + CL:S (raised fist).

14. Endoscopy & GI

- **Colonoscopy:** CL:S + CL:1 from elbow (anus) upward; flashes = camera; thumb motion = polyp cutting (under-arm side).
- **Laparoscopy:** flashes on under-arm side of CL:S to show cameras in the body.
- **Endoscopy:** wiggle down from neck on CL:S under-arm side + flashes.
- **GI:** Stomach CL:S (under-arm side); Intestines CL:4; Esophagus→intestines CL:5; twist CL:4 for knots/clogs; CL:5 for inflammation/infection spread on CL:4.

15. Role-Play Scenarios (“Play Time”)

Groups of 3 (Doctor, Patient, Interpreter), 10 minutes each:

- #1: Cardiac shunt + pacemaker; dialysis (6 hrs, water in/blood out).
- #2: Broken foot PT; concussion + IV fluids.
- #3: Cataract removal + patch; multiple dental procedures.
- #4: Vasectomy complication; mammogram lump biopsy.
- #5: Glucose check → endoscopy + colonoscopy; inflamed intestines up to esophagus.

Appendix: Classifier Quick Reference

Classifier	Common Uses
CL:1	Interpreter briefly stepping away (strike on shoulder) • Water/drugs/blood on arm • MRI/CAT person moving in-out (with CL:U) • Colonoscopy camera path
CL:2	Legs (Physical Therapy)
CL:25	Medicine, applied on inner palm
CL:4	Lungs/tubes • Water/drugs/blood on arm • Brain bleeding (with CL:S) • Intestines • Broken bone
CL:5	Heart pumping • Half-brain (tumor/lump location) • Dental caps & crowns (capping) • Esophagus-to-intestines / inflammation spread
CL:A	Dental pulling
CL:B	Range/spectrum on arm or shin (pain scale) • Lungs/tubes • IV bag level increase/decrease
CL:C	MRI/CAT machine (with CL:U) • Rotator cuff circling • Dental open & close
CL:L / CL:L-bent	Laser/LASIK (with flashes) • Diabetes finger-prick • Thyroid at neck • Pacemaker square on collarbone
CL:O / CL:O-flat	Artery wide open / clogged
CL:S	Heart as a whole (clap to show speed) • Insertion point for tubes/stents/pacemaker • Brain landmark (back/top of head) • Stomach, under-arm side
CL:U	Person moving in/out of MRI/CAT machine (with CL:C)
CL:Y	Arms (Physical Therapy) • Vasectomy/tubal tie (upright = male, down = female)

Key Terms

- **PAT:** Prompt • Adapt • Touch.
- **POP:** Print On Palm — used for larger numbers (e.g., blood glucose readings).
- **SASS:** Size And Shape Specifier.
- **Backchannel:** Hands-on imagery areas felt on the body — arms, legs, collarbone, hands.
- **Receiving hand:** The patient's free hand, tapped to signal “follow my gestures / copy me.”

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