# Chapter 7 Orientation and Mobility Instructions for the Visually Impaired: Strategies for Successful Inclusion

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# ABSTRACT

Orientation and mobility (O&M) are recognized as integral components of the expanded core curriculum for students with visual impairment, so learners with visual impairment require direct and sequential instruction provided by an O&M specialist to be able to acquire the skills necessary to interact with others. This chapter will focus on O&M instructions with visually impaired (VI) children, a group neglected when the profession was established. To contextualize this, the chapter begins with a brief history of O&M, before reviewing various definitions of O&M and highlighting a professional philosophical approach to O&M intervention. The chapter will focus on the role of O&M specialists, then describe the core O&M techniques, as an understanding of these techniques is required to appreciate the traditional resistance to the implementation of O&M intervention with children. Also, the chapter discusses the O&M assessment for VI before concluding and discussing different techniques for O&M skills.

#### INTRODUCTION

The ability of students with visual impairments to access education depends on their spatial awareness which is vital for their transition to work. The purpose of Orientation and Mobility (O&M) training for students with visual impairment is to enhance their mobility and movement in familiar and unfamiliar spaces without difficulties. Thus, it is recommended that O&M is inculcated in the overall training and environmental accessibility for children with visual impairments (). Indeed, a large body of literature has reported that ability of children with visual impairments to move freely in the environment without

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any impediments. It is believed that O&M training encompasses the following: visual, tactile, olfactory, kinesthetic, vestibular, auditory, and proprioceptive information (Alhammadi,2011). Understandably, children with visual impairment travels using O&M devices and orientation assistive technology such GPS and google maps (Armstrong, 2009).

However, in non-western societies such as UAE, there is limited information about O&M training. Thus, in order to improve practices, there is the need for discussion some assumptions underpinning O&M, the importance of O&M, specialist needed to provide O&M training, current assessment tools and best teaching practices.

### BACKGROUND

#### History of the O&M Profession

In the past, it has been reported that individuals with visual impairment use to travel by using a stick or getting guided support from others (Hoover, 1950). In the 19<sup>th</sup> century, in some residential facilities, the individuals were tied together to move, a process referred to crocodile technique by Ritchie (1930), O&M skills have gone through many different stages and changing names in the past (Bledsoe, 2010) for example "foot travel", were basic, either self-taught or passed on through teachers who were themselves blind. Despite the establishment in 1929 of the Seeing Eye dog guide school in the United States, (Blasch & Stuckey,1995) explain training in this context emphasized the skills of working with a dog guide rather than independent travel. (Bledsoe,2010) confirms the terms "orientation" and "mobility" were not used until the 1940s and 1950s, following the development of formal O&M techniques.

The catalyst for the foundation of the O&M profession came about with the involvement of the United States in World War II, and the return to that country of an unprecedented number of soldiers with injuries causing partial and complete vision loss (Bledsoe, 2010; Miyagawa, 1999). The need for rehabilitation services within the military hospitals was so high the Veterans' Administration established a Surgical Division of Ophthalmology in 1943 at the Valley Forge General Hospital in Pennsylvania. Miyagawa (1999) reports the focus of rehabilitation was initially on self-care, braille and typing, along with the provision of the psychological support required to adjust to adventitious blindness. There were no formal techniques for teaching safe independent travel; however, within the hospital setting it became apparent there was a need to develop some means by which blinded soldiers could travel independently.

The use of a long cane as a mobility aid was first described in detail by British writer, W. Hanks Levy, who was himself blind, in 1872. During the early 20th century, a short white cane had been used as a means of identification, generally in conjunction with sighted assistance, although (Ferguson,2007; Miyagawa,1999) report that many who were blind resisted using this cane due to negative connotations of dependency. Dog guide users initially made use of a short white cane, however (Whitstock, et al.,1997) explain this technique was thought to be ineffective and the practice was phased out in the United States.

# The Human Rights Approach to Education

Education is a human right which has become a buzzword in global effort towards achieving equitable access to education. Consistently, it has been reported that students with disabilities may feel unwanted, discriminated, or even side-lined by their typically developing peers and even teachers in schools. Hence,

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