# Certified Orientation and Mobility Specialist (COMS)

# Body of Knowledge

1. **Professional Information and Resources**
   1. basic laws and regulations that affect O&M services internationally (e.g., UN Convention on the Rights of Persons with Disabilities, UNICEF Convention on the Rights of the Child), nationally (e.g., disability legislation, insurance, pensions, building codes) and locally (e.g., school policies, council bylaws).
   2. resources for clients to obtain services, support, and/or information related to low vision/blindness.
   3. professional O&M resources including peer reviewed journals and grey literature, reliable websites, leading publishers, international and local conferences, and professional bodies.
   4. O&M research designs, approaches to knowledge, hallmarks of research quality, evidence-based practice, the role of O&M specialists in research, and the history of the O&M profession.
   5. roles of an O&M specialist (e.g., teacher, coach, service coordinator).
   6. ACVREP standards, documents and procedures supporting initial certification, ethical professional practice, professional development and recertification.
2. **Relevant Medical Information**
   1. anatomy and physiology of the visual system, the auditory system, the brain, sensory perception/integration and sensorimotor functioning.
   2. common eye conditions/etiologies and their treatment options with implications for clinical visual functions, and awareness of coding and reimbursement options for services, as well as functional vision for mobility.
   3. common hearing problems, treatment options and functional implications for communication and O&M performance.
   4. common physical mobility problems (e.g., affecting gait, posture, tone, coordination, initiative, stamina), their treatment options and functional implications for O&M performance.
   5. spatial cognition (mental mapping) and the functional implications of spatial dysfunction on O&M performance and life skills.
   6. common neurological conditions, congenital and acquired, that affect visual processing and executive function skills with functional implications for learning and O&M performance.
   7. common health problems that affect O&M performance (e.g., diabetes, kidney disease, epilepsy, asthma, mental illness, respiratory disease), impact of medications, management strategies, and basic procedures to respond appropriately to medical situations during O&M sessions.
   8. referral pathways to relevant health professionals and services.
3. **Teaching and Learning in O&M**
   1. basic learning theories (e.g., cognitive, behavioral, social, classical/operant conditioning, intelligences).
   2. teaching methods, including direct instruction, guided discovery, active exploration, scaffolding, and multi-tiered systems of support.
   3. O&M observational positions and their impact on learning, confidence, safety, and bystanders.
   4. how to integrate educational experiences, aligning objectives, teaching/learning activities and evaluation methods.
   5. media and materials used to support O&M learning.
   6. how to sequence complexity in environments, tasks and instructions to assess a client’s capacity and build confidence.
   7. how to gauge learning preferences and strategies to optimize client engagement.
4. **O&M Assessment**
   1. principles of person-centered practice (e.g., respectful, holistic, collaborative, egalitarian, and socially networked).
   2. roles of related professionals (e.g., assistive technology instructional specialists, educators, low vision specialists, occupational therapists, ophthalmologists, optometrists, physical therapists, psychologists, rehabilitation specialists).
   3. relevant assessment tools, materials, activities, and settings for different age groups and etiologies.
   4. interview skills to investigate person-centered practices, identifying strengths and challenges, barriers, immediate and long-term goals.
   5. functional O&M assessment skills to investigate sensory integration, environmental barriers, orientation and mobility skills, evaluating risk of falls, social/emotional hindrances, concepts/cognition, and medical/physical limitations.
   6. O&M service options including sensory efficiency training, concept development, mobility systems and transport options.
   7. additional/ongoing assessment strategies to investigate unique needs, monitor progress, determine the need to change learning strategies, O&M program goals or service providers, and determine when a client’s skill level is sufficient to graduate or move on.
5. **O&M Program Design and Delivery**
   1. sector-specific models of service delivery (e.g., medical, educational, social, health, access) and modes of service delivery (e.g., individual, group, itinerant, center-based, residential, intensive, consultancy, and technology-supported).
   2. caseload management skills: identifying priority clients; managing wait lists, time, travel and route scouting; methods of data collection, records and reporting; reflective practice and self-care.
   3. how to adjust O&M expectations and activities to a client’s age, goals and learning capacity.
6. **O&M-Related Concepts**
   1. the impact of low vision, blindness and specific vision conditions on concept development and effective mobility throughout a person’s lifetime.
   2. relationships between body, environmental and spatial concepts, and incidental and purposeful movement; strategies to assess these concepts and facilitate their development.
   3. executive functions and concepts that support O&M-related life skills (e.g., planning, organization, labeling, problem-solving, time management, money, decision-making).
7. **Orientation Skills and Strategies**
   1. techniques for systematic exploration of novel environments using chosen frames of reference.
   2. strategies for orientation using spatial cognition – mental mapping and spatial updating of environmental features.
   3. strategies for navigation using orientation-assisted methods, including personal orientation systems and devices, their purposes, advantages, disadvantages, and guidelines for selection (e.g., primary and secondary aids, GPS devices, remote visual assistance).
   4. strategies for route recovery, including planning alternative routes, problem-solving skills, hypothesis testing, seeking assistance, and drop off lessons in familiar and unfamiliar environments.
   5. strategies for orienting guide dog handlers to new environments.
8. **Mobility Skills and Strategies** 
   1. mechanics of efficient pedestrian mobility.
   2. personal mobility limitations and non-ambulant mobility, including use of wheeled mobility aids.
   3. human guide techniques and strategies for accompanied travel.
   4. strategies for identifying risks; strategies to manage and promote physical and social safety (e.g., prevention, protective skills, self-defense, seeking assistance).
   5. personal mobility systems and devices, their purposes, advantages, disadvantages, and guidelines for selection.
   6. long cane skills with differentiated instruction and rationale for teaching skills.
   7. independent travel skills for blind mobility (e.g., trailing, turns, alignment, block travel) and strategies for vision-assisted travel (e.g., glare management, adapting to lighting changes, selective viewing to reduce visual fatigue).
   8. preparation and readiness for guide dog mobility.
   9. strategies for route planning (e.g., selecting destinations, sourcing information, managing time and fatigue), wayfinding in familiar and unfamiliar places, and self-monitoring skills and progress.
   10. traffic skills including intersection types, traffic patterns, traffic management systems, and crossing routines.
   11. transport options (e.g., bus, rail, tram, taxi, ride-share services, ferry, plane), planning tools and transport access skills.
   12. strategies for travel in diverse environments (e.g., rural areas, airports, malls, stores, gas stations) and adverse weather conditions.
9. **Use of Senses**
   1. principles of vision development as they apply to low vision/blindness, visual learning, visual efficiency, sensory priorities and sensory integration.
   2. visual skills which optimize O&M performance (e.g., eccentric viewing, scanning, tracking, tracing), develop visual efficiency and manage visual fatigue.
   3. auditory skills which optimize O&M performance (e.g., alignment, targeting, echoidentification, Doppler effect).
   4. kinesthetic and proprioceptive skills which optimize O&M performance.
   5. alternative and augmentative communication, literacy formats (e.g., large print, electronic/accessible text, pictures, braille, audio, tactile graphics) and assistive devices (e.g., magnifiers, monocular telescopes, smart technologies, visual and non-visual GPS, communication books) to manage O&M-related information.
10. **Clients with Additional Disabilities**
    1. factors affecting clients who are deafblind, including assessment, communication systems, interpreters, environmental barriers, travel systems and learning strategies.
    2. effects of multiple impairments on O&M performance and aspirations (e.g., sensory, physical, cognitive, communication, social, psychological, pain).
    3. assessment tools, educational strategies and service models for clients with complex needs or challenging circumstances.
    4. the role of an O&M Specialist in a interdisciplinary team for clients who have complex needs or challenging circumstances (e.g., sharing expertise, selecting persons to support a client’s O&M program goals).
11. **Diverse Clients**
    1. aspects of human learning, development and aging across the lifespan, and significant points of transition.
    2. factors that shape individuality and identity (e.g., family of origin, gender, personality, abilities, interests, living conditions, circumstances) and influence a client’s travel choices, person-centered practice and dignity.
    3. cultural differences as they relate to O&M instruction, including beliefs about low vision, blindness, disability and independence, socioeconomic status, religious beliefs, ethnicity, cultural practices, language and use of interpreters.
    4. life-skills associated with different ages and roles, and the incidental mobility that underpins and connects these skills.
12. **Environmental Access, Assessments and Modifications**
    1. physical, sensory, informational and social barriers to access in different contexts.
    2. principles of universal design and social equity for all ages, abilities and identities.
    3. methods for environmental assessment, making recommendations and reporting.
    4. how to be an advocate on behalf of an individual client, and for people with low vision/blindness in general.
    5. skills for clients’ self-advocacy and self-determination, and how to build those skills in others.
13. **Psychosocial Aspects of Blindness and Low Vision**
    1. ways to foster healthy relationships and social skills during O&M programs.
    2. impact of congenital vs adventitious vision conditions on psychosocial functioning and self-efficacy
    3. grief and adjustment to vision loss; relevant strategies and resources.
    4. ways to effect positive social change and inclusion of people with low vision/blindness, including community education and use of media.