To:	ADED, Inc. (info@paulandpaul.com)
Subject:	U.S. TRADEMARK APPLICATION NO. 87683685 - SPECIALIST IN DRIVER REHABILITATION - 2017-129
Sent:	10/5/2018 8:23:40 AM
Sent As:	ECOM116@USPTO.GOV
Attachments:	Attachment - 1 Attachment - 2 Attachment - 3 Attachment - 4 Attachment - 5 Attachment - 6 Attachment - 7 Attachment - 8 Attachment - 9 Attachment - 10 Attachment - 11 Attachment - 12 Attachment - 13 Attachment - 14 Attachment - 15

UNITED STATES PATENT AND TRADEMARK OFFICE (USPTO)

OFFICE ACTION (OFFICIAL LETTER) ABOUT APPLICANT'S TRADEMARK APPLICATION

U.S. APPLICATION SERIAL NO. 87683685

MARK: SPECIALIST IN DRIVER REHABILITATION

87683685

CORRESPONDENT ADDRESS:
ALEX R SLUZAS
PAUL & PAUL
1717 ARCH ST STE 3740
PHILADELPHIA, PA 19103

CLICK HERE TO RESPOND TO THIS LETTER:
http://www.uspto.gov/trademarks/teas/response_forms.jsp

VIEW YOUR APPLICATION FILE

APPLICANT: ADED, Inc.

CORRESPONDENT'S REFERENCE/DOCKET NO:

2017-129

CORRESPONDENT E-MAIL ADDRESS:

info@paulandpaul.com

OFFICE ACTION

STRICT DEADLINE TO RESPOND TO THIS LETTER

TO AVOID ABANDONMENT OF APPLICANT'S TRADEMARK APPLICATION, THE USPTO MUST RECEIVE APPLICANT'S COMPLETE RESPONSE TO THIS LETTER **WITHIN 6 MONTHS** OF THE ISSUE/MAILING DATE BELOW. A RESPONSE TRANSMITTED THROUGH THE TRADEMARK ELECTRONIC APPLICATION SYSTEM (TEAS) MUST BE RECEIVED BEFORE MIDNIGHT **EASTERN TIME** OF THE LAST DAY OF THE RESPONSE PERIOD.

ISSUE/MAILING DATE: 10/5/2018

THIS IS A FINAL ACTION.

This Office action is in response to applicant's communication filed on August 28, 2018. The applicant (1) amended the certification statement and (2) amended the application to seek registration on the Supplemental Register. No. 1 is acceptable.

The proposed amendment to the Supplemental Register is unacceptable.

The refusal under Trademark Act Section 2(e)(1) is now made **FINAL** for the reasons set forth below. *See* 15 U.S.C. §1052(e)(1); 37 C.F.R. §2.63(b).

MARK IS MERELY DESCRIPTIVE

Registration is refused because the applied-for mark merely describes a desirable feature of applicant's services. Trademark Act Section 2(e)(1), 15 U.S.C. §1052(e)(1); *see* TMEP §§1209.01(b), 1209.03 *et seq.*

A mark is merely descriptive if it describes an ingredient, quality, characteristic, function, feature, purpose, or use of an applicant's services. TMEP §1209.01(b); *see, e.g., In re TriVita, Inc.*, 783 F.3d 872, 874, 114 USPQ2d 1574, 1575 (Fed. Cir. 2015) (quoting *In re Oppedahl & Larson LLP*, 373 F.3d 1171, 1173, 71 USPQ2d 1370, 1371 (Fed. Cir. 2004)); *In re Steelbuilding.com*, 415 F.3d 1293, 1297, 75 USPQ2d 1420, 1421 (Fed. Cir. 2005) (citing *Estate of P.D. Beckwith, Inc. v. Comm'r of Patents* , 252 U.S. 538, 543 (1920)).

The applicant applied to register the certification mark SPECIALIST IN DRIVER REHABILITATION for driver rehabilitation services for persons with disabilities, namely, vehicle driving instruction.

The dictionary definitions made of record in the first Office action established that SPECIALIST refers to a person who has special knowledge and skill relating to a particular job, area of study, and DRIVER REHABILITATION refers to is a type of rehabilitation that helps individuals facing challenges caused by a disability or age to achieve safe, independent driving or transportation options through education or information dissemination.

In addition, the attached materials downloaded from the internet clearly shows the descriptive nature of the mark as applied to applicant's certification services. (See attachments).

As previously stated, the proposed mark would immediately be understood as describing applicant's certification services, namely, that the person being certified is a specialist in driver rehabilitation.

Accordingly, the refusal to register the mark under Section 2(e)(1) is made **FINAL**.

Refusal – Amendment to Supplemental Register Unacceptable

Registration is refused on the Supplemental Register because the proposed mark is not in lawful use in commerce, as required by Trademark Act Section 23. *See* 15 U.S.C. §1091(a); 37 C.F.R. §2.47(a); TMEP §714.05(a)(i). Specifically, this application is based on applicant's bona fide intention to use the mark in commerce under Section 1(b), and applicant has not yet submitted an amendment to allege use under 37 C.F.R. §2.76. *See* 37 C.F.R. §§2.47(d), 2.75(b); TMEP §§815.02, 1102.03.

This refusal will be withdrawn if applicant (1) deletes the amendment to the Supplemental Register, or (2) submits an amendment to allege use that meets the requirements of 37 C.F.R. §2.76(b), (c). *See* TMEP §§815.02, 1102.03.

If applicant maintains the amendment to the Supplemental Register and provides an acceptable amendment to allege use, the effective filing date of the application will be the date on which applicant met the minimum filing requirements of 37 C.F.R. §2.76(c) for the amendment to allege use. 37 C.F.R. §2.75(b); TMEP §§816.02, 1102.03. In addition, the undersigned trademark examining attorney will conduct a new search of the USPTO records for conflicting marks based on the later application filing date. TMEP §§206.01, 1102.03.

OPTIONS

Applicant must respond within six months of the date of issuance of this final Office action or the application will be abandoned. 15 U.S.C. §1062(b); 37 C.F.R. §2.65(a). Applicant may respond by providing one or both of the following:

(1) a response filed using the Trademark Electronic Application System (TEAS) that fully satisfies all outstanding requirements and/or resolves all outstanding refusals; and/or

(2) an appeal to the Trademark Trial and Appeal Board filed using the Electronic System for Trademark Trials and Appeals (ESTTA) with the required filing fee of $200 per class.

37 C.F.R. §2.63(b)(1)-(2); TMEP §714.04; *see* 37 C.F.R. §2.6(a)(18); TBMP ch. 1200.

In certain rare circumstances, an applicant may respond by filing a petition to the Director pursuant to 37 C.F.R. §2.63(b)(2) to review procedural issues. TMEP §714.04; *see* 37 C.F.R. §2.146(b); TBMP §1201.05; TMEP §1704 (explaining petitionable matters). There is a fee required for filing a petition. 37 C.F.R. §2.6(a)(15).

TEAS PLUS OR TEAS REDUCED FEE (TEAS RF) APPLICANTS – TO MAINTAIN LOWER FEE, ADDITIONAL REQUIREMENTS MUST BE MET, INCLUDING SUBMITTING DOCUMENTS ONLINE: Applicants who filed their application online using the lower-fee TEAS Plus or TEAS RF application form must (1) file certain documents online using TEAS, including responses to Office actions (see TMEP §§819.02(b), 820.02(b) for a complete list of these documents); (2) maintain a valid e-mail correspondence address; and (3) agree to receive correspondence from the USPTO by e-mail throughout the prosecution of the application. *See* 37 C.F.R. §§2.22(b), 2.23(b); TMEP §§819, 820. TEAS Plus or TEAS RF applicants who do not meet these requirements must submit an additional processing fee of $125 per class of goods and/or services. 37 C.F.R. §§2.6(a)(1)(v), 2.22(c), 2.23(c); TMEP §§819.04, 820.04. However, in certain situations, TEAS Plus or TEAS RF applicants may respond to an Office action by authorizing an examiner's amendment by telephone or e-mail without incurring this additional fee.

/Alice Benmaman/

Examining Attorney

Law Office 116

(571) 272-9126

alice.benmaman@uspto.gov

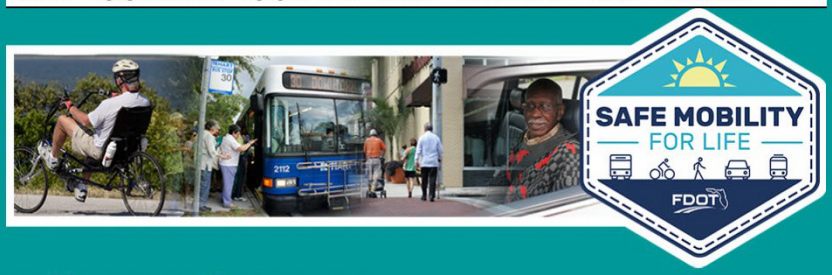
TO RESPOND TO THIS LETTER: Go to http://www.uspto.gov/trademarks/teas/response_forms.jsp. Please wait 48-72 hours from the issue/mailing date before using the Trademark Electronic Application System (TEAS), to allow for necessary system updates of the application. For *technical* assistance with online forms, e-mail TEAS@uspto.gov. For questions about the Office action itself, please contact the assigned trademark examining attorney. **E-mail communications will not be accepted as responses to Office actions; therefore, do not respond to this Office action by e-mail.**

All informal e-mail communications relevant to this application will be placed in the official application record.

WHO MUST SIGN THE RESPONSE: It must be personally signed by an individual applicant or someone with legal authority to bind an applicant (i.e., a corporate officer, a general partner, all joint applicants). If an applicant is represented by an attorney, the attorney must sign the response.

PERIODICALLY CHECK THE STATUS OF THE APPLICATION: To ensure that applicant does not miss crucial deadlines or official notices, check the status of the application every three to four months using the Trademark Status and Document Retrieval (TSDR) system at http://tsdr.uspto.gov/. Please keep a copy of the TSDR status screen. If the status shows no change for more than six months, contact the Trademark Assistance Center by e-mail at TrademarkAssistanceCenter@uspto.gov or call 1-800-786-9199. For more information on checking status, see http://www.uspto.gov/trademarks/process/status/.

TO UPDATE CORRESPONDENCE/E-MAIL ADDRESS: Use the TEAS form at http://www.uspto.gov/trademarks/teas/correspondence.jsp.



Health Care Provider Resources

Driver Rehab Specialists | Health Care Needs Assessment | Licensing | Occupational Therapists | Clinician's Guide Page

Doctors and other health care professionals play an important role in the safe mobility of their older patients. The American Medical Association encourages physicians to make driver safety a routine part of their medical services.

FIND IT FAST

- How to Report a Medically At-Risk Driver
- Clinical Assessment of Driving Related Skills (CADReS) Score Sheet (pdf)
- Current Procedural Terminology (CPT) Codes (pdf)
- FindaRideFlorida.org – Access to local transportation options for your patients
- Florida's Guide for Aging Drivers – Find local resources for patients to remain proactive drivers
- Clinician's Guide to Assessing and Counseling Older Drivers

The American Geriatrics Society and NHTSA have published the *Clinician's Guide to Assessing and Counseling Older Drivers* to help healthcare professionals prevent motor vehicle crashes and injury to older adults. The Guide assists clinicians in assessing older drivers at risk for crashes and counseling older drivers to help enhance their driving safety. Resources for easing the transition to driving retirement when necessary are also available. **Click here for our new page dedicated to this important resource** or click the button above.

important resource or click the button above.

Occupational Therapists and Driver Rehabilitation Specialists

Driver rehabilitation specialists, many of whom are also occupational therapists, have specialized training in identification of a driver's strengths and the physical, visual and cognitive challenges presented by the task of operating a motor vehicle. They can evaluate an individual's ability to safely operate a vehicle and make recommendations about ways to limit risks. Many of them are located in a healthcare setting in your community.

There are vehicle modification items that require an assessment by an occupational therapist or driver rehabilitation specialist. This is to ensure proper installation and training on safe use. Examples of this include pedal extenders, panoramic mirrors, hand controls, seat lifts, steering devices, etc. Visit the AOTA website to find a Driver Rehabilitation Specialist.

The Association for Driver Rehabilitation Specialists was established in 1977 to support professionals working in the field of driver education/driver training and transportation equipment modifications for persons with disabilities through education and information dissemination.

> "As we age, we often lose some of the abilities that make us safe drivers. Vision, memory, physical strength and reaction time may decline. That's where a little-known health-care professional can help out: a driver rehabilitation specialist. That's a therapist, often an occupational therapist, with special training to help people compensate for a disability that makes it hard to drive."

Read the NPR article or listen to the audio entitled On the Road Again: Specialists Helping Aging Drivers.

Becoming a Specialist in Driver Rehabilitation and Community Mobility

The following organizations offer resources for specializations in driver rehabilitation and mobility.

The Association for Driver Rehabilitation Specialists

- ADED link for CDRS certification
- CDRS Certification Exam Handbook
- Driver Rehabilitation Provider search (opens ADED website)

The American Occupational Therapy Association, Inc.

- Specialty Certification in Driving and Community Mobility
- AOTA guide for therapists seeking certification

ADED website)

certification
- Driving Rehabilitation Program Development Toolkits
- Find a Driving Specialist (opens AOTA website)

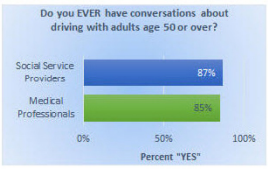
Florida's Health Care and Social Service Needs Assessment

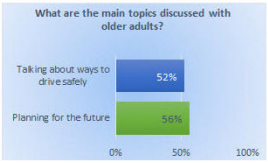
The Safe Mobility for Life Coalition's mission is to improve the safety, access, and mobility of Florida's aging road user. Florida's Aging Road User Strategic Safety Plan, developed by the Coalition sets goals for improving safety and to help meet those goals, the Coalition needed to assess the current situation and level of knowledge among the health care community and other adult service organizations.

The FDOT contracted with researchers from SRA Research Group Inc. to develop an assessment tool and conduct a statewide survey. The research project titled "Health Care Providers and Older Adult Service Organizations to Assist in the Prevention and Early Recognition of Florida's At-Risk Drivers" helped determine baseline levels of community practice, knowledge, interest, and resource needs regarding at-risk drivers.

The assessment results provide a snapshot of current practice in regarding how professionals from health care and older adult service organizations interact with older Floridians on driving issues. Some key findings include:

- A majority of both medical professionals (85%) and social service providers (87%) said they discuss driving with adults age 50 and over.
- Barriers to discussing driving were identified:
  - Lack of resources to assess (55%)
  - No transportation options to offer (50%)
  - Not driving may negatively impact quality of life (49%)
  - Lack of resources to educate (41%)
  - No time to assess (40%)
- Main topics discussed with older adults:
  - Planning for the future (56%)
  - Talking about ways to drive safely (52%)
- The majority (88%) feel a simple screening tool to help identify and better predict at-risk drivers would be helpful.
- The majority (88%) agree identifying at-risk drivers is everyone's responsibility.
- Top resources they want to receive:





- Florida's Guide for Aging Drivers
- Local Transportation Options
- FDOT Safe and Mobile Seniors website (www.SafeMobilityFL.com)

The Safe Mobility for Life Coalition will use the results of this research project to guide the development and/or dissemination of educational and outreach materials which support the recognition and reporting of at-risk drivers. For more information, view the project's final report and summary.

- Summary

- Final Report

Licensing

Each state has its own licensing and license renewal criteria for drivers of private motor vehicles. In addition, certain states require physicians to report unsafe drivers or drivers with specific medical conditions to the driver licensing agency. Information on Florida's Medical Advisory Board can be found on our Laws page.

more resources

- TransAnalytics Health & Safety Services sponsored website DrivingHealth.com includes information on medical fitness to drive, medications that might impair driving, screening and assessment, and training/remediation.
- NHTSA https://www.nhtsa.gov/road-safety/older-drivers Resources for People Around Older Drivers.
- The American Geriatrics Society webinars provide guidance to clinicians who treat older drivers. The webinars are free and offer CME credits. Geriatrics Care Online

Adaptive Auto Technologies

Many adaptive driving devices are available for the aid of individuals with physical disabilities. The aids used for a specific individual will depend on that person's physical needs as well as his or her preferences. Some common types of vehicle modifications involve changes to the car's mechanical systems, steering devices, or foot and hand controls. Changes to vehicle seating or the individual's method of entering the vehicle might also be necessary. It is recommended that any modification to an individual's vehicle should be assessed in a real-life driving environment before the individual decides to permanently install the device.

Some of the common adaptations to the major systems of the vehicle can include installing an automatic transmission in lieu of a manual shift and clutch; providing power steering that allows operation of the steering wheel with only one hand; and switching to a power braking system used in conjunction with hand-operated controls. Steering changes can include a floor-mounted wheel for steering with one's foot; a modified effort system for steering, which reduces the amount of personal strength required for steering or braking; and the installation of devices that modify how steering is operated, such as an amputee ring, tri pin, quad fork, or spinner knob. Custom-built steering devices are also available. Other options include extensions of existing foot pedals or the installation of an accelerator that is operated with the left foot.

Some modified vehicles may use hand controls that feature one lever for all braking and accelerating actions, along with minor controls such as turn signals, wipers, or horn. It should be noted that the Veterans Administration does not recommend the use of mounted or temporary hand controls. It is also possible to shift gears with the left hand by way of an electric gear selector. Some individuals might require the installation of a turn signal operated by the right hand. A remote switch can be used for repositioning the controls for secondary operations like turn signals.

Modifications to seating or vehicle entry are often required to make vehicles accessible for drivers with physical limitations. Some limitations might require the use of power seats, which reduce the difficulty of transferring into the vehicle, or custom seating that accommodates specific needs for stability, balance, or positioning. Adjustments to lap or shoulder safety belts could also be required. For individuals with mobility issues, lamps or lifts make it easier to get in and out of the vehicle. Those who use a wheelchair or scooter may need a specialized lift to accommodate this device. A wheelchair carrier might also be required for ease of transporting a wheelchair out of the vehicle.

For individuals who have physical limitations, there are programs available for driver rehabilitation that can help with the adjustment to adaptive driving. Each of these programs

For individuals who have physical limitations, there are programs available for driver rehabilitation that can help with the adjustment to adaptive driving. Each of these programs should feature a certified specialist in driver rehabilitation, in addition to vehicles and equipment that are needed. The specialist will begin by evaluating the driver's visual, cognitive, and perceptual functioning and physical limitations. For individuals using a wheelchair or other specialized seating, the specialist will also assess this equipment. Next, the specialist will assess the driver's ability to function safely within a real driving environment using the provided equipment. Based on these assessments, the specialist will provide a prescription for vehicular modification, including a detailed description of the driver's vehicle, its dimensions, and any mobility devices that are needed, such as a scooter or wheelchair. The driver will be fully educated on the operation of a vehicle containing the equipment that has been prescribed for him or her. Finally, when the needed equipment has been added to the driver's vehicle, the specialist will perform one last check to assess the driver's use of the new equipment.

Selecting a vehicle requires careful consideration of several important factors. It may be helpful to consult with your physical therapist, occupational therapist, or doctor when making this decision. You can also use the services of a certified specialist in adaptive driving, who can help you select a vehicle as part of a driver rehabilitation program. Here are some of the factors to consider when selecting a vehicle for your personal transportation needs. First, think about your specific needs. Can you use a form of public transportation, or do you need a personal vehicle? Do you intend to drive the vehicle yourself or be a passenger? Will a car provide adequate space, or will you require a larger vehicle such as a mini-van, full-size van, or truck? If you intend to be the driver, consider whether you can cope with the stress of driving, which can be physically and mentally challenging.

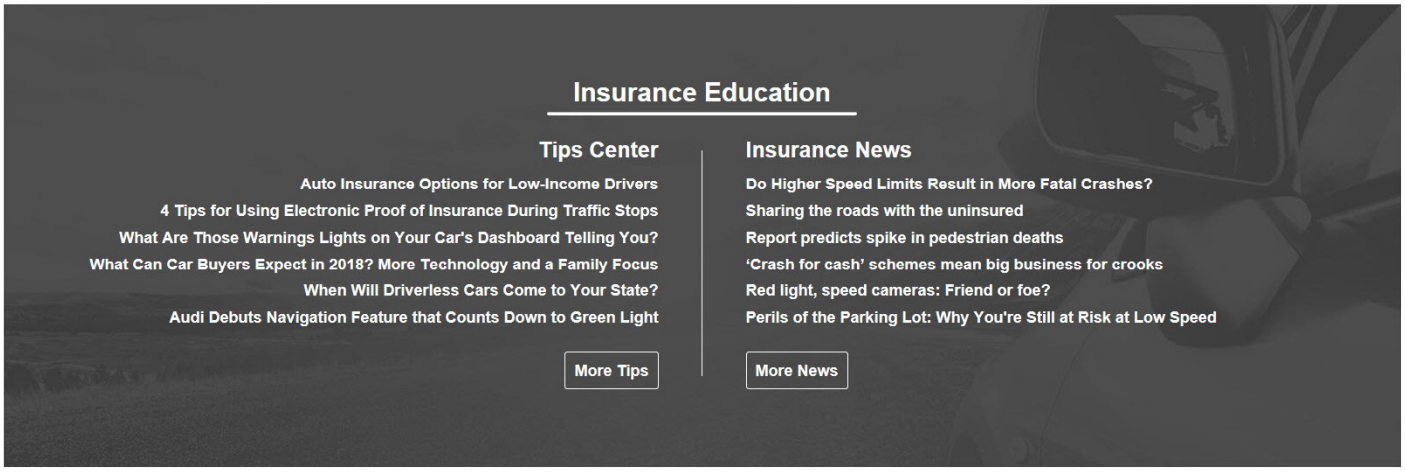
You should also give thought to your physical limitations, which will affect your ability to drive a vehicle or even complete a transfer into the vehicle. Based on your individual limitations, consider whether you will need a lift for assistance and which type of lift best meets your needs (superarm or platform swing-out, electric or hydraulic, rear or side entrance, etc.). Will you need to raise the vehicle's doors and top, or lower the floor? You may require a power seat to access the driver's side of the vehicle, or perhaps you will need to be seated in your wheelchair or scooter while driving. Think about your total height when seated, from head to ground, as well as the width and length of your scooter or wheelchair.

It is also wise to consider the financial and safety aspects of the vehicle you use for modifications. You may want to assess your eligibility for sources of alternative funding, such as services for vocational rehabilitation or developmental disabilities; the Veterans Administration; health insurance; or Workman's Compensation. A certified accountant may also be able to assist you with tax credits that can help cover the needed modifications. In some cases, a vehicle manufacturer may offer a rebate program, or the car dealership might have a financing package that can help. For safety reasons, it's also a good idea to plan ahead for vehicle emergencies. Be aware of coverage provided by any warranty or service programs available for your vehicle. If you will be out of town, make a note of places where repair work can be done in case of an emergency.

Please refer to the following links for additional information on adaptive auto technologies and related resources.

- Using a Wheelchair as a Seat in a Motor Vehicle
- Resources for Vans and Vehicle Modifications
- Adaptive Driving / Vehicle Adaptations
- Adapting Motor Vehicles for People with Disabilities
- Common Vehicle Modifications for Persons with Disabilities

- Common Vehicle Modifications for Persons with Disabilities
- Accessible Vehicles Q & A
- Automobiles and Adaptive Equipment for Certain Disabled Veterans and Members of the Armed Forces
- Adapting a Motor Vehicle for a Person with a Disability
- Mobility Evaluation Program
- Equity in Transportation for People with Disabilities



ARTHRITIS & JOINTS LIVING WITH

How to Drive Comfortably—and Safely—With Arthritis

HealthAfter50
March 1, 2017 **Updated May 3, 2017**
REVIEWED BY
By John A. Flynn, M.D., M.B.A.

Pain, fatigue, reduced range of motion in the joints, loss of muscle strength—experiencing any one of these arthritis-related symptoms can make driving challenging.

In fact, according to a study in *The American Journal of Occupational Therapy*, many drivers with arthritis report that symptoms affect their ability to perform even the most basic driving maneuvers, such as steering, checking blind spots, reversing, and responding to sudden changes. Fortunately, in many cases, there's no need to give up the car keys.

Although self-driving cars appear to be on the horizon, they're not an option just yet. In the meantime, by purchasing a vehicle with arthritis-friendly features or by making adaptations, you'll be able to maintain your independence without putting your safety or that of others at risk.

Buying a new car

If you are ready to purchase a new vehicle, here are some important features to keep in mind. These will be more or less relevant to your individual situation, depending on which joints give you the most trouble.

- Automatic transmission
- Remote key fob and starter
- Running boards and assist handles on sport utility vehicles and vans
- Adjustable steering wheel (up and down and telescoping)
- Fully adjustable seats (height, distance from pedals, tilt, and lumbar support)
- Adjustable pedals
- Padded steering wheel
- Easy-to-grasp controls within easy reach
- Dashboard-mounted, push-button ignition switch
- Seat belts that are easy to reach, lock, and release
- Cruise control
- Easy-to-use door handles
- Easy-to-adjust mirrors and sun visors
- Easy-to-access trunk or rear door
- Shorter turning radius for ease in maneuvering

Before you begin car shopping, give some thought to the aspects of driving that cause you discomfort or could limit your driving ability. For example, if getting in and out of a car is troublesome, it might be easier to slide out of leather than cloth seats. Or if bending is an issue, it's best to avoid a vehicle that's low to the ground.

Take your time in the dealers' showrooms to evaluate carefully the vehicles under consideration. Before making the final decision, be sure to give each vehicle on your short-list a complete test drive. This includes backing up, parking, changing lanes, turning sharp corners, driving at high speeds, and riding in the passenger seat.

Additional modifications

If you are severely disabled by arthritis, several kinds of modifications can be made to certain types

of vehicles. Some can be made to vans or selected sedans but not to other types of vehicles.

As a result, if you are significantly disabled, it's important to consult a specialist in driver rehabilitation before you shop for a car.

The specialist will assess your abilities and disabilities and offer advice about the types of modifications that may be helpful. The abilities assessment will cover visual acuity, visual perception, strength, flexibility and range of motion, decision making, reaction time, and performance behind the wheel.

Some of the modifications available include a left-side accelerator and brake pedal or hand controls if you are unable to use your right leg. Other devices include special mirrors, extended gearshift levers, and reduced-effort steering wheels.

Be sure to purchase your adaptive devices from a reputable dealer and have them installed by a qualified technician.

Additional considerations

Adaptations for automobiles can be quite expensive, but financial assistance may be available through government agencies and nonprofit groups. Ask your driver rehabilitation specialist about potential sources of aid, or call your state or local vocational rehabilitation agencies. Your health or disability insurance also may offer coverage.

Be sure to check with your tax accountant to determine whether any of the costs are deductible as medical expenses. Also, don't forget to notify your car insurance carrier about any features added to your vehicle. You will likely need to carry more insurance in order to cover these items.

Finally, don't be afraid to discuss your driving difficulties with your physician or to seek the services of a rehabilitation specialist.

Some people fear that admitting their physical limitations behind the wheel will ultimately cost them their driver's license. However, if you are otherwise fit to drive, having the right vehicle with some adaptations should allow you to continue driving and, most important, to continue driving safely.

Learn more about how pain medication may affect your ability to drive.

HealthAfter50

Health After 50, published by the University of California, Berkeley, School of Public Health, provides up-to-date, evidence-based research and expert advice on the prevention, diagnosis, and treatment of a wide range of health conditions affecting adults in middle age and beyond. It's part of Remedy Health Media's network of digital and print publications, which also include HealthCentral; HIV/AIDS resources The Body and The Body Pro; the UC Berkeley Wellness Letter; and the Berkeley Wellness website.

Tags: Living With, Lifestyle

Recommended For You

How One Woman With MS Ran 7 Marathons on 7 Continents in One Year

Coping Mechanism for Dealing With Rheumatoid Arthritis

7 People Share Tips to Ease Your Gluten-Free Transition

ARTHRITIS & JOINTS · SYMPTOMS

Joint Pain at Night: What You Need to Know

Tim Gower
HEALTH WRITER
Feb 27, 2017 **Updated May 3, 2017**

REVIEWED BY
By John A. Flynn, M.D., M.B.A.

If joint pain and other symptoms of osteoarthritis keep you up at night, then you could soon find yourself trapped in a vicious cycle.

Mounting research not only ties inadequate sleep to a long list of chronic diseases, but also suggests that too much tossing and turning can make osteoarthritis harder to cope with.

As your symptoms intensify, it may become even more of a challenge to get some shut-eye, and pretty soon pain and insomnia could dominate your life.

Most adults should get at least seven hours of sleep each night to maintain good overall health. While older men and women often experience changes in sleep patterns that can interfere with getting a good night's rest, it's a myth that they require less sleep than younger people.

The good news: If you have osteoarthritis and battle insomnia, several recent studies suggest that some simple measures can help you drift off faster and stay asleep longer, which should make your symptoms easier to manage.

Common problem

People with arthritis are more than twice as likely as others to report suffering from insomnia, according to one study.

Another study of older adults with knee pain from osteoarthritis and other causes divided sleep problems into categories: 31 percent said they had trouble falling asleep at night, 81 percent struggled to remain asleep once they drifted off, and 51 percent said they often awoke in the wee hours of the morning.

To make matters worse, some research suggests that osteoarthritis patients are more likely to be light sleepers, meaning they spend less time in deep, restorative phases of slumber. Devices that measure body movements during sleep show that people with osteoarthritis flinch and thrash about more than people without the condition.

A frequent question is whether it's possible to experience pain while you sleep, since the capacity to perceive any experience – including aching joints – requires consciousness.

However, research suggests that the brain's ability to process pain is at least partly active during sleep. And it's not hard to imagine why a throbbing knee or hip joint might keep you from dozing off in the first place.

Consequences of poor sleep

A wave of research in recent years has linked poor sleep to a growing list of health problems, including obesity, cardiovascular disease, high blood pressure, diabetes, alcohol abuse, and others. There's also growing evidence that getting too little sleep can pose a variety of problems for people with osteoarthritis.

Not surprisingly, osteoarthritis patients who report trouble sleeping are also more likely to say they feel fatigued during the day. Some experts believe that excess weariness helps explain why women with osteoarthritis have 25 percent more falls and a 20 percent higher risk of fractures than other women.

There's growing evidence that poor sleep can also mean more pain for people with osteoarthritis. Studies have shown that osteoarthritis patients who have trouble sleeping report greater pain severity.

New research may help explain why this occurs. In a 2015 study published in *Arthritis Care & Research*, a team from Johns Hopkins University School of Medicine led researchers from several other institutions in an investigation of the connection between osteoarthritis, insomnia, and a phenomenon known as central sensitization.

In central sensitization, the nerve pathways that deliver pain signals to the brain become highly excitable. That causes pain signals to become "amplified," or more intense, which makes people extremely sensitive to painful sensations, a condition known as hyperalgesia.

The investigators recruited 208 people to participate in the study. Some had knee osteoarthritis, a portion of whom also suffered from insomnia. The study also included a group of people without osteoarthritis, some of whom had insomnia.

All participants were subjected to various tests, including measurements of how much pain they could tolerate. For example, a device was used to apply increasing pressure to a volunteer's knee until it became unbearable; sensitivity to hot and cold was tested, too.

Results of the study showed that people with knee osteoarthritis and insomnia were somewhat more sensitive to pain than osteoarthritis patients who slept well, and significantly more sensitive than the other participants.

This study's findings support earlier research suggesting that lack of sleep causes central sensitization, intensifying pain signals to the brain.

Importantly, this study also found that short sleepers who catastrophized the most—that is, those who adopted a feeling of hopelessness and thought obsessively about their pain—were especially sensitive to painful stimuli.

More sleep, less pain

Research has shown that osteoarthritis patients with insomnia who overcome their sleep deficit notice that their pain levels improve.

If aching joints leave you wide-eyed at night, an important part of the solution is to make sure you're taking all the needed steps to manage your pain, including using analgesics properly, maintaining a healthy weight, and getting regular exercise.

If you follow a good pain-management plan but you're still counting sheep, adopting some new sleep strategies may help.

For example, research has found that a form of short-term psychotherapy known as cognitive behavioral therapy (CBT) can help osteoarthritis patients cope with insomnia.

The goal of CBT is to help people identify thoughts and actions that are causing problems in their lives, then adopt healthier attitudes and behaviors.

In a 2015 study published in *Arthritis & Rheumatology*, researchers recruited 100 people with knee osteoarthritis who complained of insomnia. Half of the volunteers were randomly chosen to take part in a three-month CBT program for insomnia.

They were taught to change their bedtime habits, such as turning in only when they felt sleepy and getting out of bed if they couldn't fall asleep.

Other strategies for joint pain at night

Other strategies included limiting use of the bedroom for other activities—no more watching TV in bed—in order to help them associate that room with sleep. The remaining participants were enrolled in an insomnia-treatment program that didn't use CBT techniques.

All participants were asked to use special devices that measured how long they slept, as well as keep "sleep diaries" of how well they rested. At the end of the study, diary reports indicated that 80 percent of people in the CBT group had achieved relatively normal sleep patterns, compared with 50 percent of participants in the non-CBT group.

Data from the sleep-measurement devices suggested that the CBT group slept better, too. Pain levels improved overall, but CBT appeared to have a greater benefit. An earlier 2013 study, involving 367 older adults with osteoarthritis, also found that CBT helped improve sleep.

Consult a licensed psychotherapist to learn more about CBT for insomnia. Other strategies that can help promote sound sleep include limiting your caffeine intake and avoiding alcohol or large meals before bedtime.

Go to bed at the same time each night, and rise at the same time each morning. Keep your bedroom quiet, dark, and at a comfortable temperature.

If improving your sleep "hygiene" doesn't eliminate insomnia, a prescription sleep aid may

help. But these medications carry a risk for serious side effects, so they should ideally be used on a short-term basis, if at all.

Find out if the supplement melatonin can help you sleep.

Tim Gower

Timothy Gower is an award-winning journalist who writes about health and medicine. His work has appeared in more than two dozen major magazines and newspapers, including *Prevention*, *Reader's Digest*, and the *Los Angeles Times*.

Tags: Symptoms, Treatment

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