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LC Technologies, a top industry developer of eye tracking software and **NuShield, Inc.**, a screen protector and glare-elimination technology firm, have teamed up to provide communication mobility for disabled patients who can't communicate through speech or hand motion, as is the case with **ALS** patients.

Until very recently, large and bulky LCD monitors with matte screen finish were used because light and mobile tablets had a glossy surface with glare, which disrupts eye tracking function. It is essential that these tablets become adapted, so that patient's motility and ease of operation can become facilitated.

LC Technologies asked NuShield for a solution to this exact problem. The company's NuShield Triple A film, an anti-glare, anti-microbial protection and anti-fingerprint film, was installed on a tablet surface to eliminate glare and to allow a comfortable operation.

LC Technologies can now load its software on platforms like Asus and Microsoft tablets, empowering those with disabilities to communicate. The Eyegaze Edge software allows patients to type and operate tasks using a camera that follows users' eye movements. The eye tracking software uses a tablet's video camera to observe eye movement, translating it into commands while the NuShield Triple A provides all the conditions to antimicrobial, antiglare and anti-fingerprint screen for an optimized use. In particular, its antiglare characteristics prevents transmission and reflection of 99% of all UVB ultra violet light to reach patients' eyes.

This technology can be the ideal solution for patients with **ALS** (Lou Gehrig's disease), brain injury, cerebral palsy, multiple sclerosis, muscular dystrophy, spinal cord injury, stroke, spinal muscular atrophy and brainstem stroke.

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New data revealing a link between the LDL receptor-related protein 4 (LRP4) and amyotrophic lateral sclerosis (ALS) was presented during the 67th American Academy of Neurology Annual Meeting in April 2015. The presentation was entitled "*LRP4 antibodies are frequent in serum and CSF from amyotrophic lateral sclerosis patients*".