# Bridging the Gap Between Consumer and Products in Rehabilitation Medicine

#### Deborah E. Kenney, MS OTR/L

Rehabilitation R&D Center - Veterans Affairs Palo Alto HCS Department of Functional Restoration - Stanford University



### The Transdisciplinary Team

**Computer Engineer** 

Family / Tutor / Caregiver

**Rehabilitation Counselor** 

**Assistive Technology Specialist** 

**Service Coordinator** 

**Fabrication/Adaptation Tech** 

**Training Coordinator** 

**Audiologists** 

**Nurse Practitioners** 

**Social Workers** 

**Occupational Therapist** 

**Speech-Language Pathologist** 

**Prosthetists** 

**Medical Consultants** 

**Teachers/Special Educators** 

**AT Equipment Vendors** 

**Hearing Device Specialists** 

**Physical Therapists** 

**PATIENT** 

### **Occupational Therapist**

- Assisting people people who are unable to function independently or are not functioning as independently as possible in the areas of daily living, work, play, and leisure.
- > Independence is increased through functional activities that are meaningful to the individual.
- Occupational Therapists treat the whole person!

### Assistive Technology: A Practical, Working Definitions

"Any object or tool that maximizes a person's independence in activities of daily living." (Jacobs, K. 1997)

• Will allow the individual to:

- > Discharge to home
- >Return to independence or prevent further decline in

- Will allow the individual to:
  - > Discharge to home
  - >Return to independence or prevent further decline in Mobility

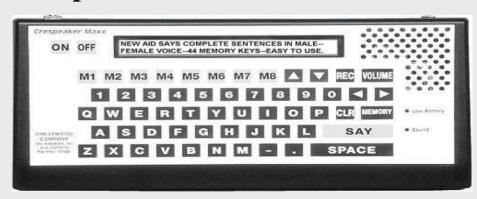
- Will allow the individual to:
  - > Discharge to home
  - > Return to independence or prevent further decline in

**Mobility Self Care** 



- Will allow the individual to:
  - > Discharge to home
  - >Return to independence or prevent further decline in

Mobility
Self Care
Communication



- Will allow the individual to:
  - > Discharge to home
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Mobility
Self Care
Communication
Leisure



- Will allow the individual to:
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**Mobility** 

**Self Care** 

**Communication** 

Leisure

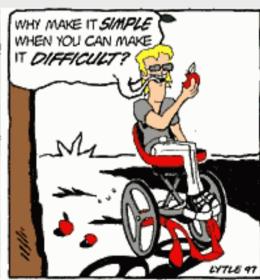
Vocation



### Levels of Assistive Technology







### Levels of Assistive Technology: Some Practical, Working Concepts

### Low Technology Adaptation

> Equipment that is easy to use and do not require electrical power. May require a short training period.

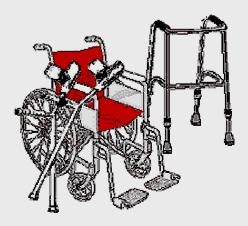
- **\***Fingerspelling
- **Scooting up and down stairs**
- \*Velcro



# Levels of Assistive Technology: Some Practical, Working Concepts

### **Elementary Technology Devices**

- > Include most battery-operated devices. User requires a moderate training period.
- > Off-the-shelf or inexpensive.
  - **❖Basic** wheelchair / walker
  - **❖Built-up pen**
  - **❖**Modified eating utensils

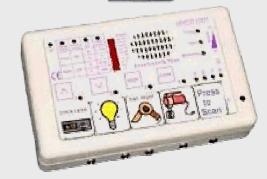


# Levels of Assistive Technology: Some Practical, Working Concepts

### **High Technology Devices**

➤ Include complex and programmable equipment. User requires specific training in order for the user to take full advantage of their capabilities. Expensive

- **\***Voice operated ECU
- **Electric lifts**
- **❖**Modified car / van controls
- **❖**Motorized wheelchair



### A Continuum of Considerations for Assistive Technology for the Mechanics of Writing



Regular pen or pencil

Pencil or pen with adapted grip

Adapted paper (e.g. raised line, highlighted lines)
Slant board to create slanted writing surface





**Typewriter** 

Portable note taker that interfaces with computer

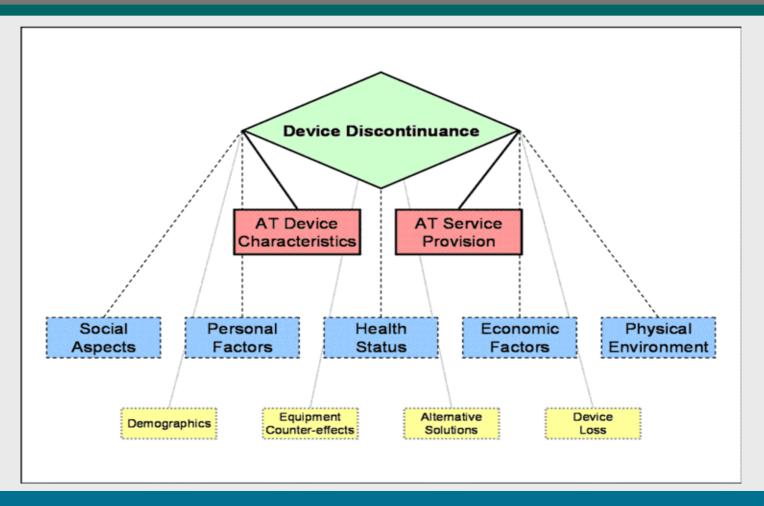
Computer with word processing software

Word prediction/abbreviation expansion software for efficiency

Voice recognition software

(Adapted by ATTO from WATI, 1998)

### **Equipment Suitability**



### Steps Needed to Issue an Assistive Device

- > Selection of a device for an activity
- Site and method of instruction
- > Time to introduce device during hospitalization
- > Reinforcement of its use
- > Written justification to insurance company

### Instruction in the Use of the Assistive Device

- > Repetition is key
- > Types of instruction:
  - **\*** demonstration
  - \*practicing actual skills in hospital environment
  - \* written
  - \*video
  - \*in home training

#### Reinforcement

Transition of skills to community / home environment

Follow-up

**Support groups** 

Refresher training may be necessary

### Who pays?

- User
- Insurance

**Private** 

managed care fee-for-services

Medicare Medicaid

- VA
- Grants / Loans

### Access to Equipment and Rehabilitation Services

(Bingham and Beatty, 2003)

>50% needed assistive equipment in last 12 months 30% were unable to get needed equipment

40% needed rehabilitation services in last 3 months >50% did not receive those services

### Other resources

- Cook and Hussey (2007), Assistive Technologies:
   Principles and Practice (3<sup>rd</sup> edition): Mosby
- Kraskowsky and Finlayson (2001). Factors Affecting Older Adults' Use of Adaptive Equipment: Review of the Literature, American Journal of Occupational Therapy 55, 303-310

### Website links

http://www.abledata.com/

http://www.ncmedical.com/

http://global.smithnephew.com/master/6600.htm