Bridging the Gap between Consumers and Products in Rehabilitation Medicine

Deborah E. Kenney, MS OTR/L

Department of Orthopaedic Surgery - Stanford University Department of Plastic Surgery - Veterans Affairs Palo Alto HCS







- Mental and / or Physical Activities of Daily Living (ADL)
 - Improve functioning
 - Overcome disorder or impairment
 - Prevent worsening of a condition
 - Strengthen a weakness



Self Care













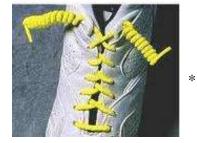












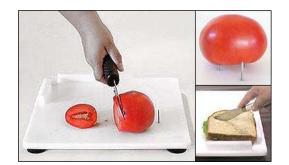




Self Care

Eating and Meal Preparation







Prov





Self Care





















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Communication















Leisure

> Hobbies, sports, travel, etc.









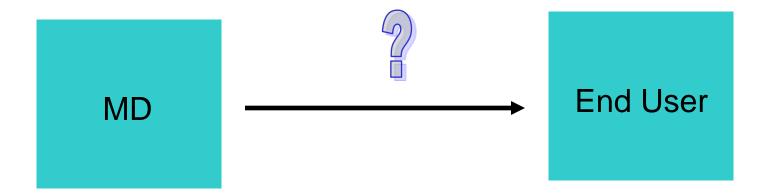




Vocation and Education



Prescribing Rehabilitation Equipment



The Transdisciplinary Team

Computer Engineer Family / Tutor / Caregiver Rehabilitation Counselor Assistive Technology Specialist Service Coordinator Fabrication / Adaptation Tech Training Coordinator Audiologists Nurse Practitioners Psychologist

 Physiatrist
 Social Workers

 Occupational Therapist
 Occupational Therapist

 Speech-Language Pathologist
 Prosthetists

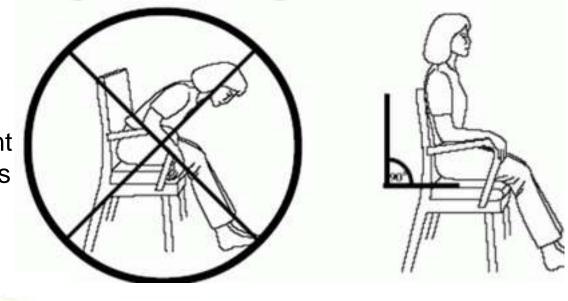
 Prosthetists
 Medical Consultants

 Teachers / Special Educators
 AT Equipment Vendors

 Hearing Device Specialists
 Physical Therapists

Patient

Assistive Technology: One Size Doesn't Fit All



Total Hip Replacement - precautions



Long Handled Sponge

At 2 months, 30% of patients aren't using the device

Steps to Successfully Issue an Assistive Device

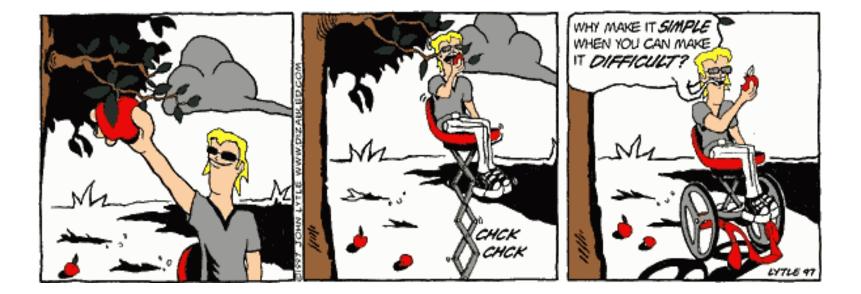
- Home and patient evaluation
- Introduction of device
- Site and method of instruction / training
- Written justification to insurance company

Steps to Successfully Issue an Assistive Device

Home and Patient evaluation:

- Health Status
- Economic
- Physical Environment
- Social Aspects
- Personal

Whenever possible, keep it simple



Different Levels of Assistive Technology Require Different Amounts of Training

Low Technology Adaptation

Easy to use and does not require electrical power. May require a short training period.

Elementary Technology Devices

Includes most battery-operated devices. User requires a moderate training period. Usually off-the-shelf or inexpensive.

High Technology Devices

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

How this all Relates to Product Development

Involve all stakeholders early on and throughout the design process:

End users

- Rehab team / therapist
- Family members

Website Links

- Allegro Medical
- ♦ <u>Abledata</u>
- North Coast Medical
- Sunrise Medical

Where to donate used medical equipment

• <u>ReCARES</u>

- Lions Club <u>Hearing Aid Recycling Program</u>
- <u>Silicon Valley Independent Living Center</u> (wheelchairs <5 years old)
- <u>Centers for Independence of Individuals with</u> <u>Disabilities</u>
- ♦ Ability Tools <u>Reuse Programs</u>

Disability ≠ Inability

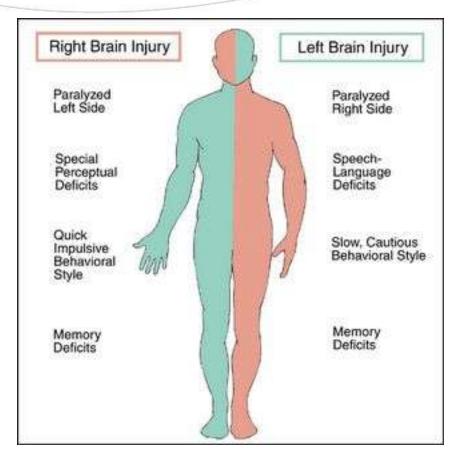


Practicing Subject and Caregiver Interviews

Which of the following assistive technologies do our panelists use?

- Rules of the interview:
 - Explore social aspects, personal factors, economic and physical environments of the panelists
 - Find out what motivates these panelists
 - You may not ask directly if they use the AT in question or not





Example of a Low Tech Device: Rocker Knife



\$8.95

\$26.50



Example of a Low Tech Device: Octopus Stand

\$3 - \$15



Example of an Elementary & High Tech Device: Saebostretch & Saeboflex



\$1690



Example of a High Tech Device: Bioness Hand FES

\$6200





Other Resources

- Shah and Robinson (2007) Benefits of and barriers to involving users in medical technology development and evaluation. Int J Technol Assess Health Care. 2007 Winter;23(1):131-7.
- Trish Wielandt et al., Factors that predict the postdischarge use of recommended assistive technology. Disability and Rehabilitation: Assistive Technology, January-June 2006; 1(1-2): 29 – 40

Other Resources

The Design and Evaluation of Assistive Technology Products and Devices Part 1: Design. Marion A. Hersh. International Encyclopedia of Rehabilitation.