# Bridging the Gap between Consumers and Products in Rehabilitation Medicine

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- 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













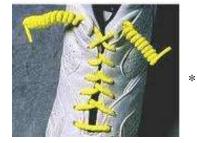












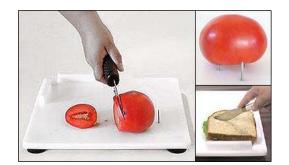




Self Care

## Eating and Meal Preparation







Prov





Self Care





















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## Communication















Leisure

### > Hobbies, sports, travel, etc.









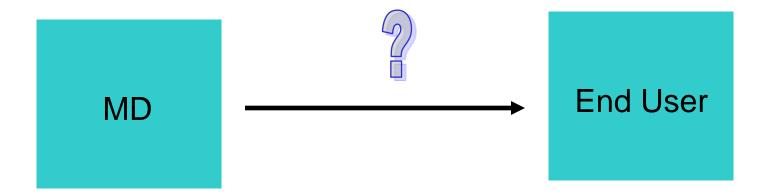




## Vocation and Education



## **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

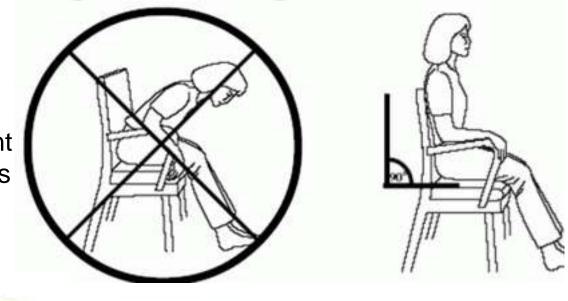
 Prosthetists
 Medical Consultants

 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

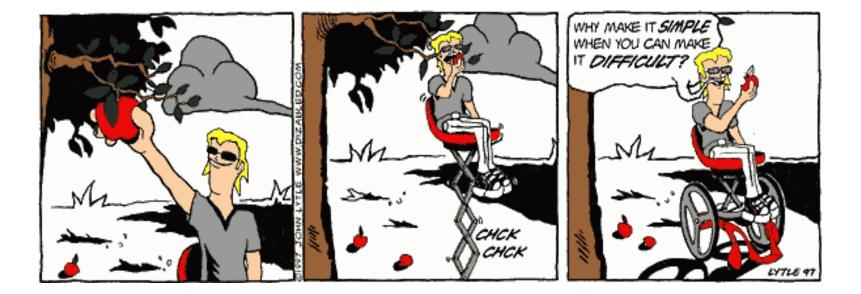
- Home and patient evaluation
- Introduction of device
- Site and method of instruction / training
- Written justification to insurance company

# 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)</li>
- <u>Centers for Independence of Individuals with</u> <u>Disabilities</u>
- ♦ Ability Tools <u>Reuse Programs</u>

# **Disability** ≠ Inability

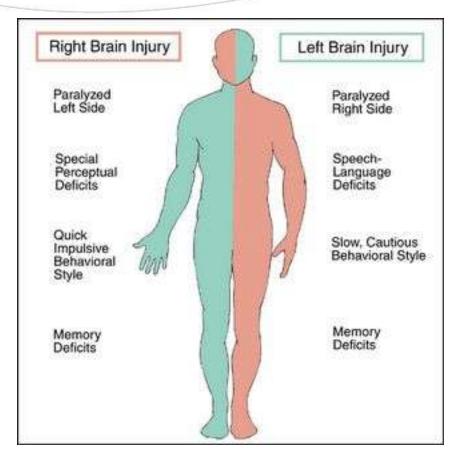


# Practicing Subject and Caregiver Interviews

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.