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# Issuing Assistive Technology in Rehabilitation: Why Not Ask The Consumer?


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Assistive technologies and environmental modifications are now widely considered as cost-effective strategies to enable older persons to continue to live in their homes and communities. Over the past five years, my colleagues, Drs. Corcoran and Schemm and I, in the Department of Occupational Therapy, College of Allied Health Sciences, have received training grants to develop and evaluate effective service approaches by which to introduce assistive devices and environmental modifications for older persons with a range of physical and cognitive impairments. This program of research has examined the frequency of use of such strategies, reasons for use and non-use, and the extent to which such strategies maximize function and minimize burden of care.

Of particular importance is the finding from a recently completed funded study involving 250 older patients in rehabilitation with either a cerebrovascular accident, orthopedic deficit, or lower limb amputation. This study was funded by the Department of Education, National Institute on Disability and Rehabilitation Research and conducted in collaboration with Magee Rehabilitation Hospital. We sought to identity those factors during rehabilitation which would predict the use of assistive technologies once the patient returned to their home. We considered six categories of assistive technologies which included devices for mobility, seating, dressing, feeding, grooming and bathing. Using a regression model, two factors were identified as significant predictors of device use in the home during the first month following hospitalization. The first factor was a positive orientation which included viewing devices as a tool for independence as well as a willingness to experiment with different strategies to compensate for functional loss. The second factor involved the patient's own expectation during hospitalization as to whether he/she would use the device in the home. The use of devices in the home in months two and three was best predicted by the patient's morale during hospitalization and the frequency of use in the previous month. Those patients who had better morale during hospitalization and chose to use a device in their home during the first month were most likely to continue to use that device in months two and three. Those who chose not to use a device upon return to home were least likely to try the device in months two or three. The factors which did not predict continued home use are important to consider as well. These included age, functional level, living arrangement, years of education and the number of issued devices.

The results have significant implications for health policy and the development of cost-effective and efficient services in rehabilitation and home. During rehabilitation, a simple, straightforward question such as "Do you expect to use this device in your home," may provide the occupational therapist and physical therapist with important information regarding the probability of its use. Also, awareness of a patient's morale and orientation toward devices during hospitalization would enable therapists to efficiently determine whether an assistive device is the best compensatory strategy and to tailor instruction to fit the particular case. Furthermore, the transition from hospital to home appears to be critical for the establishment of daily self-care routines which involve the use of devices. Thus, reinforcement in the use of devices during the first month home may enable older persons to become more effective device users.

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