ABSTRACT
The importance of the assistive technology (AT) device acquisition process is well documented. Service delivery has been cited as a key factor in the high rates of device nonuse or abandonment, accidents, and fraud and abuse. This paper reports the results of a quasiexperimental study that compared a "multifactorial" intervention (IG) with a "usual care" (UCG) intervention among 84 veterans at the Durham VA Medical Center. Post-intervention assessments were conducted at 2-weeks, 3-months, and 6-months. The IG intervention required on average 30 more minutes of therapy compared to the UCG. The IG reported more frequent wheelchair use than the UCG for up to 6-months after the intervention itself (p<0.01). More persons in the IG reported any use of wheelchair inside the home (p=0.008) and there was a trend to more use outside the home (p=0.091). Exploratory descriptive analyses showed a greater proportion of the IG implemented diverse home modifications (e.g., 25% of the IG vs 14% of the UCG reported a ramp), and fewer reported difficulty performing tasks inside the home (e.g., at 6-months 50% of the IG and 27% of the UCG reported difficulty). Slightly fewer persons in the IG reported experiencing environmental barriers outside the home, and when they did experience barriers a greater proportion reported being able to overcome the barrier (e.g., 18% of the IG and 22% of the UCG reported curbs were a barrier to them, but 100% of the IG group reported being able to overcome curbs when encountered compared to 25% of the UCG). These data may help AT providers and managers to better meet client needs. In addition, they provide insurers, social policy experts, AT users and other stakeholders with evidence-based data to assist in decision-making regarding appropriate treatments for specific clinical needs.