Poster Presentation - Outcomes of an Expert vs Usual Care Intervention for Manual Wheelchairs

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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 evidencebased data to assist in decision-making regarding appropriate treatments for specific clinical needs.