

PM&R Assistive Technology Programs



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Special points of interest:

The 33rd National Veterans Wheelchair Games occurred in Tampa July 13th-18th with over 560 athletes representing the United States, Great Britain, Canada & Guam. Athletes participated in 20 different activities (18 competitive and 2 exhibition). VISN 8 was the medal count winner with a total of 158 medals followed by VISN 6 with 129 and VISN 5 with 122. (see page 4 for details)

CONGRATULATIONS to Palo Alto AT team for achieving AT CARF Accreditation

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Ingredients for an Assistive Technology Program and a Case for Success in Seattle

According to the Assistive Technology Act of 2004 (Public Law 108-364, H.R. 4278), the term "assistive technology" means technology designed to be utilized in an assistive technology device or assistive technology service. The term "assistive technology device" means any item, piece of equipment, or product system, whether acquired commercially, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities. The term "assistive technology service" means any service that directly assists an individual with a disability in the selection, acquisition, or use of an assistive technology device.

The purpose of this article is to identify and describe the essential "ingredients" that comprise the development of a national standard for the provision of Assistive Technology (AT) within the Polytrauma System of Care (PSC) and more importantly throughout the entire VA infrastructure. This is based on what has been learned to date for the development of AT Labs at the 5 Polytrauma Rehabilitation Centers and formalizing services at several network sites. Overall, VA facilities have a foundation on which to build or further formalize a state of the art AT programs. This article identifies a general design plan outline noting a balance of ingredients (see Figure 1). The VA Puget Sound Healthcare System in Seattle is further discussed to illustrate the development of an AT program utilizing internal resources.

Resources

- Personnel that includes necessary roles and responsibilities to staff and manage an AT program

- Space needed to house an AT program including treatment and storage Services
 - Assistive Technology Procedures including standards of practice
 - Methods for the Evaluation of Assistive Technology Devices
 - Assistive Technology Outcomes to measure program effectiveness
 - Education needed to assure competency of personnel
 - Information Technology Infrastructure to support the overall program
- Based on the need for follow-up related to



Figure 1: AT Ingredients of both Resources and Services

AT, the PSC can benefit greatly by considering the recommendation of at least an annual follow-up similar to what is in place with Spinal Cord Injury or even sooner, especially given that many PSC Veterans have traumatic brain injuries or other polytrauma co-morbidities and their status may change over time. The annual follow-up would be an opportunity to identify AT needs and/or ensure that current AT needs are being met as well as to formally assess outcomes.

(cont. page 5)

AT Lab Highlights...Richmond

AT Hosted State AT Meeting

The Richmond Assistive Technology Program was honored to host the Virginia Assistive Technology Service (VATS) Council meeting at the VA. VATS is the state AT Program run under the Virginia Department of Aging & Rehabilitative Services. Commissioner Jim Rothrock spoke to the group about current state of AT services within the Commonwealth. In addition, Melissa Oliver, AT Program Coordinator, Kathy Hayfield, the Assistant Commissioner and Barclay Shepard, VATS Manager met with the Richmond VA Leadership with hope of developing a working relationship between the two agencies. Dr. Cifu, National Director of PM&R Program Office VHA, presented on the state of VA Rehab Services across the

system of care. Rosemary Duda, Chief of VISOR, addressed low vision and blind rehab services within the VA. Finally, Melissa Oliver spoke about the AT Program, its services and provided a tour of the AT labs.

cognitive devices, learning technologies and adaptive computer access. A small AT lab has opened in the mental health AT clinic where services can be provided.

The AT Program continues to outreach for TeleHealth Services to other AT VAs within VISN 6 as well as through the Jabber Program working with Veterans within their home environment.

AT Staff News

Brian Burkhardt, AT Rehab Engineer obtained his RESNA ATP certification this year.

Ben Salatin has completed his SolidWorks training for the AT Lab's 3D printer. He has already created items to assist with modifications for AT equipment/mounting needs.

AT Expanding Services

The AT Program has expanded into the area of mental health focusing on electronic



Commonwealth of Virginia Department of Aging & Rehabilitative Services Commissioner Jim Rothrock



VATS Council Members

AT Lab Highlights...Palo Alto

VA Palo Alto Assistive Technology Strategic Planning Update: Expanding Innovation Across the System of Care.

In an effort to incorporate all stakeholder feedback gathered during a 9-month strategic planning process, Polytrauma System of Care (PSC) leadership is moving forward with a planned expansion of the Palo Alto Assistive Technology Center to include a Center for Innovation and Technology (CIT).

The expanded organizational structure will provide a design, learning, and development pathway for new health care technologies while maintaining the current service delivery of assistive technologies within the PSC. The new Center signals a commitment to thoughtful creativity, collaborative entrepreneurialism, new project development and incubation, and continu-

ous performance improvement in patient care.

Jonathan Sills, PhD, Program Director of Assistive Technology and the main force behind the 2013-2015 strategic plan that included the conceptualization of the Center for Innovation and Technology (CIT) within the VA Palo Alto Polytrauma System of Care, will oversee the new center.

Evidence-Based Practice...

One early morning, following completion of an 8-hour night shift, Dat Hoang, 7-D Polytrauma Nurse, asked himself how his patients may benefit from using mobile technologies during their acute rehabilitation. Realizing that nursing staff would play a critical role in helping to support patients during the evenings, Mr. Hoang, a Fellow in the Evidence-Based Practice Fellowship program, integrated current evidence that would support nursing

education around patient's use of Augmentative/Alternative Communication and Electronic Cognitive Devices.

After forming a multidisciplinary working group and months of curriculum development with Palo Alto Assistive Technology Center Staff, Mr. Hoang successfully led efforts to deliver four trainings that included information as to how Polytrauma inpatient nursing staff can support patients in their use of various assistive technologies. Feedback following the training showed that participants felt a greater sense of collaboration with AT lab staff and gained an increase in knowledge of various assistive technologies used across the rehabilitation continuum of care.



Dat Hoang, Polytrauma Nurse

AT Lab Highlights...Tampa

AT NETWORKING, TELEHEALTH AND OUTREACH

The Tampa Assistive Technology Program is currently coordinating an Interfacility Consult to eventually include the 6 main medical centers within VISN 8. This will allow Tampa's AT staff to provide consultative service and act as a regional resource center for other sites. AT services will be available for either face-to-face in-person evaluations or Clinical Video Telehealth (CVT) as indicated. Increased access and utilization of CVT is a goal of the VA Healthcare system to provide quaternary care to our Veterans by decreasing the need for travel and commute from remote areas.

Education and out-

reach by the AT Program includes presentations for speech pathologists at the National ASHA Health and Business Institute in Orlando, FL in April 2013 as well as for graduate speech pathologist students at the University of South Florida in June 2013. Upcoming educational events include a presentation for the Quarterly AT Training via online meeting in September 2013 as well as a presentation at the Association of Veterans Affairs Speech Language Pathologists National Conference in Orlando, FL in April 2014.

AT SPACE

Tampa continues with the construction of the new Polytrauma Major Building which is projected for completion this Fall. The AT Program plans to

house an additional lab space in this new center while maintaining our current space as well in the Transitional Building.

ATP CERTIFICATION

Jamie Kaplan, CTRS, track champion for the Adapted Sports and Recreation Program obtained his RESNA ATP certification.

AT PROJECTS

- Updated program website as well as link to the National Polytrauma page
- NavPro CPRS template for AT evaluations
- CARF re-survey projected for February 2014
- Addition of telehealth clinics for the program with completion of interfacility consult generation.



AT Lab Highlights...Minneapolis

MINNEAPOLIS VAMC RECEIVES NEW DRIVING SIMULATOR



The Minneapolis VA Medical Center recently took delivery of an STSim Driving Simulator. The device presents drivers with multiple driving scenarios including basic skills, following directions, memory and cognitive processing activities. Staff received a two-day training by vendor staff that included use of the

custom designed scenarios of the STSim Drive – OT and methods for customizing driving scenarios with content such as obstacles, environmental features, pedestrians, and other vehicles. The system has been used in PTSD treatment as well as driver's rehabilitation.

INITIAL LOOK AT LATEST EYEGAZE AAC DEVICES

Speech Pathology at the Minneapolis VA Medical Center have trialed the latest eyegaze technology released by Tobii AT1, the Tobii I-15. Compared side-by-side with the previous generation of Tobii devices, the Tobii C-15, clinicians have noted improved calibration and ability to dis-

criminate between cells using the standard presentation of Tobii's Sono environment. Patients considered for eyegaze technology are commonly individuals with degenerative conditions such as ALS, Parkinsons or Multiple Sclerosis. Treatment decisions are driven by the patient, family and clinician using the five stage model of AAC Intervention for individuals with degenerative

disease developed by Buekelman and Miranda (2005).





National Veterans Wheelchair Games Tampa, FL By: Jamie Kaplan, CRTS, ATP, CBIS

“Never underestimate the power of dreams and the influence of the human spirit. We are all the same in this notion: The potential for greatness lives within each of us.” – Wilma Rudolph

JUST THE FACTS

- Number of athletes.....567
(520 males, 47 females)
- Number of VA Employee Volunteers....
..approximately 250
- Number of general public Volunteers
...approximately 3700
- Time needed to prepare for the
games.....approximately 2 years
- Age range of Veteran participants...
.....19 to over 65
- State representation...all states, Puerto
Rico, Guam, Canada and Great
Britain



- Tampa Convention Center
- Downtown Tampa
- Silver Dollar Shooters Club
- Hillsborough Community College –
Dale Mabry Campus
- Tampa Bay Times Forum
- Splittsville (Channelside)
- Professional Athlete Involvement
NY Yankees
- Tampa Bay Buccaneers Cheerlead-
ers
- John Evans, former NFL player

Veterans’ Positive Feedback
The games were very organized
and things flowed smoothly
We loved the dancers

18 Competitive Events

- Handcycling
- Airguns
- Motor rally
- Basketball
- Quad rugby
- Softball
- Bowling
- Weightlifting
- Track
- Power soccer
- Table tennis
- Swimming
- Field
- 9 Ball
- Slalom
- Trapshooting
- Archery
- Boccia
- Super “G”

2 Exhibition Events

- Tennis
- Water skiing

Tampa Venues

- Pinchasers
- Marriott Waterside
- Jefferson High School
- Raymond James Stadium
- Clearwater Long Center



We enjoyed the block party, espe-
cially since it was indoors and
away from the heat
It was all very convenient
The volunteers made the day
It was nice to see parent and chil-
dren volunteers involved in the
games to bring awareness and
make it a family event

Success in Seattle, cont.

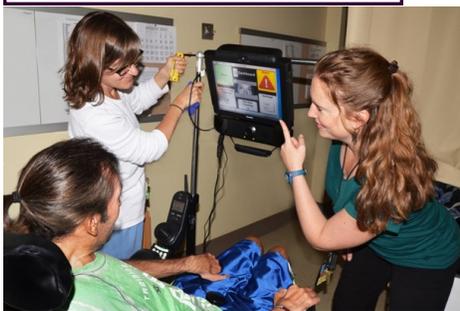
(cont. from Page 1) It is essential that a core group of AT Professionals meets on a regular basis to discuss new referrals and ongoing cases. This is especially important for complex cases that require the integration of multiple technologies that will require open communication and coordination. A representative from the Prosthetics Service would be useful to attend these meetings to ensure a Veteran qualifies for a benefit and to assist in the procurement process.

Stay tuned for articles detailing each of the “ingredients” on how to develop an Assistive Technology Program however below is a case example of ‘Seattle VA’s current AT Journey.’

The Seattle VA AT Journey

The Seattle VA Assistive Technology Team originated with an initiative intended to improve timeliness & efficiency of service delivery and bridge gaps in patient care. It began with a conversation between an Occupational Therapist who had attended RESNA in 2012 and a Speech Language Pathologist who had participated in the AT Deep Dive. Inspired by information learned at these events, they began building an interdisciplinary team of providers, with relevant skill sets and an interest in AT. The team grew organically from casual relationships and eventually became more formal through weekly lunchtime meetings.

Figure 2: Seattle Clinicians Hard at Work



One of the keys to their success was in leveraging the support of Service Line Leadership from the start, by encouraging their attendance to weekly meet-

ings. Establishing early support from leadership, ensured an understanding for the rationale of an interdisciplinary AT clinic and the importance of this collaboration to improve patient care, particularly for the most complex patient populations.

During the lunchtime meetings, the team created a roadmap for the development of an interdisciplinary approach to AT that included the following agenda items:

- Consideration for key team members- including OT, SLP, PT, Rec Therapy, a Rehab MD, Vocational Rehab, Driver Rehab, PSAS

- Development of an AT consult template that involved solicitation of feedback from referring providers, as well as the VA-PRC Assistive Technology consultants, to ensure buy-in and effectiveness.

- Investigation and selection options for outcome measures specific to AT (QUEST, PIADS, FMA, ASHA NOMS, etc).

- Conducted a cross-discipline inventory of current AT equipment, to determine available resources, what is needed and what should be on the capital equipment wish lists. Research for equipment was aided by surveying other AT field experts, both locally and nationwide. Acquisition of the equipment was accomplished through department quarterly supply budgets and requesting donations from Voluntary Services.

- Arranged demonstrations and in-services from various manufacturers’ reps, community organizations, and also reached out to resources in the community outside the VA.

- The search for space to store equipment and operate a clinic continues, however the team has negotiated some temporary solutions and hope for a permanent home in the future. The AT clinic will utilize some shared clinic space in the new Advanced Rehab Unit, with mobile equipment demo carts for AAC/cognitive devices, EADL/ECU, computer access/mounting hardware.

- Program promotion and education will include a Grand Rounds Presentation, educational in-services for the MS/Amputee/Stroke Support Group meetings, development of an AT program brochure, participation in a Vocational Rehab Informational event and a future AT Fair.

- The team contacted the University of Pittsburgh AT Consultants, to request assistance with program development, which resulted in additional resources, guidance and an on-sight visit that has been most beneficial in solidifying the support from the facility. Having the support of the consultants provided the confidence and direction needed to move forward. As part of this opportunity, the Seattle AT team plans to prepare several members for the RESNA ATP certification through the VAAT and RSTCert programs offered by the University of Pittsburgh, with the ultimate goal of being CARF AT certified.

Through a dedicated team of therapists and providers, supportive leadership and reinforcements from the VA Polytrauma Rehabilitation Assistive Technology Program, Seattle sees their hard work pay off. More progress will be shared in the future.

For further details, please contact Mark R. Schmeler (schmeler@pitt.edu) Richard M. Schein (rms35@pitt.edu), Cathy Covey (Cathy.Covey@va.gov), or Laura Hardy (Laura.Hardy@va.gov)

AAC In-home Telehealth Evaluations for Veterans Diagnosed with ALS

The Cincinnati Veterans Affairs Medical Center is excited to announce the pilot implementation of The University of Pittsburgh's Versatile and Integrated System for Telerehabilitation (VISYTER) software for supporting Alternative and Augmentative Communication (AAC) evaluation and treatment for Veterans with a diagnosis Amyotrophic Lateral Sclerosis (ALS).

ALS, also known as Lou Gehrig's disease, is a terminal progressive neurological disorder of the motor system in adults (ALS Association, 2011). ALS is characterized by progressive loss of the motor neurons within the cortex, brain stem and spinal cord leading to bulbar, limb, respiratory and muscle failure. As a result, persons with ALS are often left with an inability to verbally communicate. With cognition generally spared, individuals with this disease are said to be 'trapped in their own bodies'.

Speech-Language Pathologists play an integral role in improving communicative abilities for Veterans with ALS. An alternate method of communication can be through the utilization of a Speech-Generating Device (SGD). SGD's are a form of AAC device that incorporate a computer generated voice to speak the words that an individual has pre-selected. Word selection is made by selecting the words on a touch screen. In cases with impaired movement of the upper extremities, eye gaze systems may be used.

Veterans with a diagnosis of ALS often require consistent medical intervention for a conglomerate of sequale associated with the disease including but not limited to dysphagia and

speech evaluation/ treatment, pulmonary intervention, neurology, physical and occupational therapies.



Examples of Speech Generating Devices

Routine medical appointments for individuals with limited mobility often increase family strain and reduction in appointment adherence.

To eliminate the need for travel, a Home Base Primary Care (HBPC) Speech-Language Pathologist (SLP) coordinates the first home visit with the AAC vendor for computer and multiple camera set-up and installation of the VISYTER software. VISYTER is a telehealth platform designed for various real-time interactive applications. Its versatility can be used in a wide range of telehealth models such as teleconsultation, tele-assessment, tele-therapy, tele-homecare or tele-education to name a few. The Veteran and their caregiver are trained by the vendor and the HBPC SLP on how to use the AAC device properly. The HBPC SLP downloads and trains the caregiver/

Veteran how to use the VISYTER software and its array of features. A second SLP calls the Veteran's home using the VISYTER software to ensure proper lighting, correct multiple camera angles, device setup, and provides consultative services in terms of evaluation and education. If adjustments to the camera, lighting, or placement of device are necessary the HBPC SLP is able to do so at that time.

Providing Veteran centric care in the comforts of one's naturalistic home environment was the goal of this project. Our team of ALS experts identified veterans through our interdisciplinary team as candidates for deployment of this software. Already up and running in 3 of our veteran's homes, one participant reported his tremendous satisfaction with this mode of health care by saying "Why doesn't everyone do this? Anything I can do to keep my wife from having to drive me down there (CVAMC) is well worth it, thanks!" Another participant stated "I just love it. I wake up, turn the machine on and there you are. My daughter doesn't have to worry about loading my chair (wheelchair) into her tiny car".

The Veteran's are not the only persons happy to use this software. Susan Meiser, our HBPC SLP is ecstatic to utilize this technology. "I think this software has tremendous potential. Veterans with limited mobility can be treated in the comforts of their home and their loved ones don't have to worry about transfers into the car or parking. This is an effective means to evaluate and treat Veterans without the hassle of coming to the medical center. I can't wait to see how other disciplines embrace this technology, maybe then we will have a 100% adherence rate to treatment".

The potential to reduce no-show rates is one of the many benefits to using VISYTER and other telehealth services. As detailed above, our goal in embracing this state-of-the-art technology is to improve access to care and reduce care giver burden. The Cincinnati Speech Pathology Department is leading the way in providing Veteran-centric care in the least restrictive home environment. We are proud and honored to have been selected as a pilot site.

For further details about the project, please contact Lindsay Riegler (lindsay.riegler@va.gov) Susan Meiser, Susan.Meiser@va.gov or Sarah Kiefer Luhning (Sarah.KieferLuhning@va.gov), Richard Schein (rms35@pitt.edu) or Andi Saptono (ans38@pitt.edu)

Adaptive Driving....By: Todd Keanan, RKT, CDRS James A. Haley VA Hospital

The Driver Rehabilitation Clinic at the James A Haley VA Hospital in Tampa, FL has had the fortune of receiving a new evaluator minivan. This evaluator van is able to be outfitted with many different equipment configurations, reducing our need for vehicle specific equipment options.

This evaluator van is equipped with a 14" lowered floor with a fold out, side entry ramp. The driver's seat is a 6-way power transfer seat that sits on a removable base. This allows the client to either transfer into the driver's seat, or to drive from their wheelchair.

The evaluator set of hand controls enables the ability to switch between 4 sets of hand controls by way of a quick release system. This quick release system allows us to change out hand controls in just a couple of minutes. Along with these options are multiple orthotic operating handles that could be added in the case of someone needing extra wrist support or for lack of grip strength.

- Push/right angle – The quad grip operating handle can be installed for clients with minimal grip strength and/or reduced wrist stability.
- Push/pull - The quad grip operating handle can be installed for clients with minimal grip strength and/or reduced wrist stability
- Push/rock – can have an optional tri-pin operating handle installed for clients with minimal grip strength and/or reduced wrist stability. The v-grip handle can be installed for clients with moderate grip strength.
- Push/twist

One of the unique applications of this van is the custom made switch board. There are multiple functions located on this board that gives this clinic the ability to train veterans with challenging physical disabilities.

- The effort of the steering wheel can be changed from original equipment manufacturers (OEM) to reduced effort to zero effort at the touch of a button.
- The amount of force needed for the braking task can also be adjusted by turning a knob. There are plug-n-play buttons for secondary functions needed while the vehicle is in motion (turn signals, horn, wipers, washer, and dimmer). These buttons have a magnetized back and can be mounted in several positions throughout the driver's compartment.
- There is ability to activate the electronic gas/brake and steering systems. These systems can be activated individually, or together for optimal operational performance. Both systems come with multiple mounting points in the driver's compartment as well as multiple orthotic operating handles.

Another equipment option is to extend the steering wheel from 2"-6" closer to the client in 1" increments. The diameter of the steering wheel can be reduced from OEM(14") to 12" to 10" wheels. The reduced diameter wheels would need to be used in conjunction with the reduced or zero effort steering system because of the amount of force required to turn the wheel. These extensions and reduced diameter wheels are inserted into clam shell devices that are mounted on the OEM steering wheel. The clam shells also house the steering devices. The device options available are spinner knob, palm-cuff, v-grip, single post, amputee ring, and tri-pin.

Because we have the ability to interchange all of the above equipment, we are now able to evaluate, recommend, and train veterans who present with a wide variety of physical limitations that we may not have been able to accommodate in the past.



EMC L: Set-up for wheelchair driver with Low Effort Steering w/ spinner knob and electronic gas/brake. Client is a C5 Tetraplegic.



HC Steer and Ext: Push/Rock hand controls with a tri-pin operating handle on the left side. 12" steering wheel extension with a 12" wheel and palm grip steering device. Client is a C7 Tetraplegic w/ transfer ability.



Switchboard: Custom made switchboard for secondary functions, variable effort steering and braking, emergency brake, emergency back-up, emergency kill switch, electronic gas/brake and steering activation, and back-up battery.

Veteran's Story...Denise Whittaker

Denise Whittaker is a 50 year old Veteran who served in the Army for 21 years in Administration and Personnel. She had a left craniotomy trisection of the left frontal meningioma in 2009 which resulted in cognitive and visual changes.

Ms. Whittaker was referred to the PTRP program and then the PNS for rehabilitation and it was in those programs she was referred to the AT Program.

Tell us about your experience with the Assistive Technology Program (Speech, driving rehab, OT/PT/RT).

Ms. Oliver gave me the program with dragon because I have difficulty writing and spelling. And then they gave me the phone which keeps me on my schedule; it has my pharmacy information. The phone helps me remember things; really it is my memory. It reminds me the day before or two hours before so really it's the missing part of my memory that is not in my brain. So have it with me 24/7. The team that is here; they are very good because they are patient and understanding; not only with you dealing with issues now but they come up with machines and ways with doing it with taking care of you with little machines to help you with the things that are not functioning anymore. Before I came here I was not a technology person and I was a little bit scared of technology things but because of the people here and the patience they had I am no longer fearful for trying new things.

What challenges were you having that had you re-

ferred to the program?

What happened was when I got here I had problems reading and understanding what I was reading and with how to set my schedule up and get to point A and point B. I was very disorganized; which I was never a disorganized person before so this was all new to me. That I can't manage my own schedule and I can't manage my own life.

Who did you see?

Ms. Oliver and Ms. Sokol

What device/program did you get?

Dragon Training on computer and task apps on iPhone
How has the device changed your life or impacted your life?

This is my buddy right here. I really like the cell phone; sometimes it is a little bit small when it is to type and it helps me a lot. I can talk into my phone so I don't have to worry about writing the wrong things or the wrong dates.

What activities (things) are you doing now that you were not able to do before?

Making it to my appointments on time, not being late for my appointments, and not forgetting that I have something to do. That is really good because I would show up on the wrong days or at wrong times or not at all. So that 's a big thing. And it's connected to my email so whatever is on my email I get.

Would you say your quality of life has improved?

Yes my quality of life has improved. Because I was not keeping up and I didn't realize a little machine could make such a difference. And I'm not embarrassed about it; I'm comfortable saying wait let me look at my calendar.

Is there anything we have not covered that you would

like to include?

I am grateful. I am just truly grateful because I was not in such a good place before I had the opportunity to come and participate here. Family didn't understand and I didn't really know from my diagnosis that I would lose some things. You know the comfortableness of being able to say I can't read and spell and they not look at you like your crazy. They have an understanding and they say let's try this and let's try this and that is a wonderful thing for me. And even now I can stop them in the hall way and ask them questions and they never say oh no I don't have time for you. They are always very helpful.



Highlights from VAPAHCS PTRP new project with Assistive Technology

A new collaborative working relationship has been developed by Palo Alto Assistive Technology (AT) Center Director, Jonathan Sills, Ph.D., ATP, Polytrauma Transitional Rehabilitation Program (PTRP) Neuropsychologist Maya Yutsis, Ph.D., PTRP Psychologist, Cary Pawlowski, Ph.D., and Rich Levinson, founder of BrainAid.Com. The collaboration is allowing for an expanded use of the PEAT technology platform for Veterans and active duty patients with brain injury admitted to the PTRP unit.

PEAT is an Android based smartphone technology that provides unique automated ability to provide individualized cueing and scheduling assistance for patients with memory, attention, and executive functioning deficits of the type often present following a moderate to severe brain injury. Although the patented technology used in the PEAT program has been around for a few years, the engineers working at BrainAid.Com, have been continuously improving the platform to make it more user friendly and accessible to

patients with various functional limitations.

As part of the project, psychology staff identified standardized questionnaires and interviews to better identify those patients who would be most able to benefit from using new technologies to maximize independence, reintegration to community, and return to meaningful activity post discharge.



Many Veterans and active duty servicemen suffering from brain injury live in remote areas and/or are dispersed across country, which limits accessibility to medical resources and the ability to gather ongoing information about the durability of gains made in reha-

bilitation. Furthermore, increasing individuals' use of compensation strategies has been shown to improve independence in daily life after post-acute cognitive rehabilitation. By better incorporating new technology into part of a patient's rehabilitation plan, it is expected that patients, family members, and care givers will be able to better understand the frequency and

nature of compensatory strategies used by patients over time. The net gain being that patients will be helped by the unique information about long-term functional and real-life outcomes.



Assistive Technology Program Mission

To enhance the ability of Veterans and Active Duty members with disabilities to fulfill life goals through the coordination and provision of appropriate interdisciplinary assistive technology services.

To serve as an expert resource to support the application of assistive technology within the VA health care system

ASSISTIVE TECHNOLOGY EDUCATIONAL OPPORTUNITIES through EES

Program Description: This live – meeting program is designed for Rehabilitation Services physicians and rehabilitation clinicians to address the knowledge gap in providing assistive technology that addresses current health care requirements of Veterans with specific rehabilitative needs. This course will cross many areas of disability including, Polytrauma, Visual impairments, Physical limitations, Cognitive and communication deficits that may limit Activities of Daily Living. There are 5 Assistive Technology (AT) labs located at the Polytrauma Rehabilitation Centers; however, this training would expand that knowledge and skills of providers beyond those 5 AT centers. The training will assist in increasing Veterans' level of function, independence and safety while providing consistency and care across the VHA system.

Audience: Health care professionals including physicians, speech-language pathologists, occupational therapists and other clinical staff such as physical therapists, recreation therapists, blind rehabilitation specialists and kinesiotherapists.

Topics:

December 6, 2013 (1-2:30pm EST) – Adaptive Driving

January 10, 2014 (1-2:30pm EST) – Adaptive Sports Overview (2nd Friday due to holiday)

February 7, 2014 (1-2:30pm EST) – Adaptive Sports Wheelchair Seating

March 7, 2014 (1-2:30pm EST) – Service dogs: Rehabilitation Roles & Prosthetic Policies

April 4, 2014 (1-2:30pm EST) – Applications: Cognitive Strategies

May 2, 2014 (1-2:30pm EST) – Applications: Communication

