Outcomes of an Expert vs. Usual Care Intervention for Manual Wheelchairs
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What We Learned
A multifactorial intervention provided by an expert therapist required 30 more minutes of therapy than usual care. The intervention group saw increased use of newly prescribed wheelchairs for up to 6 months. The effect may be related to increased hours of use per day & increased use in specific locations. This, in turn, may be related to providing more specialized wheelchairs, implementing more environmental adaptations in the home, and better coping with environmental barriers outside the home. Results may help service delivery providers and manager to better meet client needs.

Background
The service delivery process has been cited as a key factor in the high rate of assistive device abandonment, accidents and injuries. Yet, there are no standardized procedures for providing wheelchairs. Methods vary widely, from mail order to multidisciplinary special wheelchair clinics [1].

Objectives
To compare an enhanced method of providing manual wheelchairs with usual care.

Methods
Study Design: Quasiexperimental by day of week.
Sample: 84 community-dwelling, partially ambulatory Veterans newly prescribed a manual wheelchair.
Intervention: Usual Care: PT Assistant provides standard wheelchair or calls PT/OT if “red flag” present.
Intervention: (1) PT/OT with special training + (2) scripted evaluation checking body habitus, anticipated use, social & environmental barriers + (3) order wheelchair & adaptive equipment + (4) hands-on practice and written materials.
Post intervention assessments conducted at 2 weeks, 3 months and 6 months.

Results
Majority of veterans were male (94%) and white (61.9%). Mean age was 65.
Most common reason for wheelchair prescription included weakness (88.1%), poor balance (80.9%) and pain (79.8%).

Reference