Table D1. Models and descriptions of wheeled mobility service delivery

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| **A. Provider and Individual Resources** |
| Cooper, 199820AT | Minkel, 200222AT | Cook, 200824AT | Batavia, 201026Wheeled Mobility | Paralyzed Veterans of America, 199718Wheeled Mobility |
| Establish goals/expectations | Need assessment/establish goals | Referral and intake | Evaluate patient | Referral |
| Assess functional abilities  | Assessment of functional capacity and environments | Initial evaluation | Hypothesize (best-suited equipment) | Prescription |
| Assess ability of technology to augment | Development of intervention strategy | Recommendations and report | Trial/simulation | Evaluation and fitting |
| Integrate person and AT | Implementation of intervention | Implementation | Recommendation and documentation | Verify eligibility and order |
| Identify appropriate AT | Determination of outcomes | Followup | Identify funding | Delivery and setup |
| Train person to use AT |  | Follow along | Order | Training |
| Compare outcomes to goals |  |  | Fitting |  |
|  |  |  | Dispensing |  |
|  |  |  | Followup |  |
| Clinician Task Force, 200423 Wheeled Mobility | Schmeler, 199921Wheeled Mobility | World Health Organization, 200814,77 Wheeled Mobility | Taylor, 200925Wheeled Mobility |  |
| History and interview | Client screening | Referral and appointment | Evaluation |  |
| Goal setting and device feature determination | In-depth evaluation | Assessment | Trial of equipment |  |
| Feature and product matching | Final specifications | Prescription | Specific recommendations |  |
| Fitting and delivery | Documentation | Funding and ordering | Funding |  |
| Training | Funding approval | Product preparation | Fitting |  |
| Determination of outcomes | Fittings | Fitting | Training |  |
| Followup program | Delivery | User training |  |  |
|  | Training | Followup, maintenance, and repairs |  |  |
|  | Followup |  |  |  |

Table D1. Models and descriptions of wheeled mobility service delivery (continued)

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| **B. Published Resources** |
| Eggers, 200938Wheeled Mobility |  |  |  |  |
| Referral/clinic selection |  |  |  |  |
| Needs assessment |  |  |  |  |
| Device selection |  |  |  |  |
| Device evaluation |  |  |  |  |
| Device justification |  |  |  |  |
| Device provision and fitting |  |  |  |  |
| Education, counseling, followup |  |  |  |  |