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Speech disabilities aided by fast growth in gadgets

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Abstract: A popular application for people who have problems communicating, for example, is Proloquo2Go, which sells for $190 in the Apple Store. "Since (tablets) have become more popular, that's been the kind of bridge to working with people with disabilities," Ward said.

Full Text: More and more, therapists are incorporating consumer technologies such as the iPad into rehabilitation programs for people with brain impairment in what health experts call a growing trend. These kinds of devices can benefit trauma patients such as Judy Miles, who was struck by a pickup truck in March 2011 and suffered a brain injury. The Sioux Falls woman now uses an application on her iPad to help her communicate. But these types of devices also can be therapeutically useful to patients with developmental disabilities or congenital diseases, from autism to stroke patients. Text-to-speech programs give voice to people who can't talk; puzzles and games help people with learning disabilities hone their mental sharpness; and calendars, alarms and reminders help people with damaged memories stay organized. "Applications for tablet devices have been exploding," said David Scherer, program coordinator for DakotaLink. "And there are a lot of specialized (applications) that are relevant to the disability community. So it's providing more choices for people." Under the Assistive Technology Act, Congress allocates money for state programs that help people get assistive technology. In South Dakota, that program is DakotaLink, which is overseen by the Department of Human Services under contract with the Black Hills Special Services Cooperative. For patients who already have a feel for technology, devices built for the consumer market can be more intuitive than specialty products. Miles was comfortable with technology before her accident, so adapting to the iPad was relatively simple, said Janelle Ward, director of clinical services at Quality Living Inc. in Omaha where Miles is living. As smartphone and tablet technology have become essential consumer items, a parallel market has developed for applications built for people with disabilities and brain trauma, Ward said. A popular application for people who have problems communicating, for example, is Proloquo2Go, which sells for $190 in the Apple Store. "Since (tablets) have become more popular, that's been the kind of bridge to working with people with disabilities," Ward said. The basic criteria for matching a person to a device: "Do they want to use it? Are they accepting of the device or the technology? And, cognitively, can they understand it? Physically, can they use it?" Haylee Kruger, a speech therapist at Avera McKennan, works with patients with amyotrophic lateral sclerosis, or ALS, a progressively degenerative disease in which patients gradually lose the ability to move or speak. The first thing she does is evaluate which device best fits their needs. "Our goal is to get them using it early," to develop a routine, she said. As the disease progresses and the patient loses motor skills, the therapeutic tools will change, too. A patient who had been using a touch-screen tablet to communicate eventually could need a device that interprets eye movements. Kruger has begun using iPads and similar technologies with her clients who come in for therapy sessions once every three to six months. ALS is incurable, so in this case the prescribed technology is entirely compensatory -- a sort of digital prosthesis -- rather than restorative, she said. At Sanford Physical Medicine and Rehabilitation, Amber Pruner also has seen high-tech consumer items playing a larger role in therapy. For patients who can't easily focus, Pruner might assign electronic memory and puzzle games, usually in conjunction with traditional therapies. "Sometimes it can be a motivator," she said. "For a patient, especially if they're a little bit younger, it can be motivating to have a score come up and be able to compete against
yourself." Medicare doesn't usually cover cost of tablets Tablets typically are less expensive than specialized devices -- some of which can cost up to $12,000, Ward said -- but they are less likely to be covered by Medicaid or private insurance. Coverage decisions hinge on whether the device is considered a medical necessity -- in which case it's labeled "durable medical equipment" -- or whether it's a "convenience item" and therefore ineligible. In an emailed statement, the Center for Medicare and Medicaid Services said consumer tablets generally aren't covered under state Medicaid plans, though some plans allow more discretion than others. A spokeswoman for the South Dakota Department of Social Services said the agency has no data on the adoption of assistive technologies among Medicaid patients. Julie Ward, a spokeswoman for Avera McKennan, said private insurers tend to make these coverage decisions on a case-by-case basis, since the question of what qualifies is still a gray area that differs by provider. DakotaLink, for its part, can't use any of the $400,000 it gets each year from the federal government to buy assistive devices for people. That is a category of products that Scherer defined as "any equipment or tool that helps a person overcome limitations in their daily activities," of which there are about 80,000 such devices in South Dakota. DakotaLink does have demonstration centers across the state, and it sells services, such as assessments, for a fee. Adapting rehabilitation to needs of patients Marcia Scherer, director of the Institute for Matching Person and Technology in Webster, N.Y., and author of several books on assistive technology, said it's important to focus on the patient's needs when developing a therapeutic regimen. That hasn't always been the case. In her early research, Scherer identified a disconnect between therapists and patients. "Professionals tended to see rehabilitation success in terms of people becoming more independent, in terms of functional gains," said Scherer, who has developed an evaluation process for matching people to technologies. "That's not how the individual patients themselves saw rehabilitation success. They saw it as a way to achieve their goals and dreams." But that's changing. "More and more, it's being seen as a partnership," she said, in a model centered on people rather than processes. "(Rehabilitation) really is specific to the individual's needs," she said. "As we say in the field, if you've met one person with traumatic brain injury, you've met one person with a traumatic brain injury." DakotaLink Services offered by DakotaLink, South Dakota's Assistive Technology Act program, are available to anybody in South Dakota, program coordinator David Scherer said. "We like to say that we're all things to all people, from birth to death," he said. DakotaLink has demonstration centers in Aberdeen, Brookings, Rapid City and Sioux Falls. The program receives $400,000 annually in federal money and a little more from the state; the rest of the budget comes from fees for services. "If we couldn't sell services, the federal funds would only support about one-third of what we do," Scherer said. Though DakotaLink is not allowed to use federal money to actually buy devices for people, it does direct people to other programs that offer financial help. See more information at dakotalink.tie.net.

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