

Survey of Rehabilitation Engineer's Role in Assistive Technology Interventions

Please check all answers that apply.

1. Where do you work?

DME	_____	Private Rehab Firm	_____
Dept within Hospital/Clinic	_____	Non-profit	_____
Tech Center within University	_____	Research	_____
State Agency	_____	Misc. (Volunteer, Info & Referral Center)	_____

2. What is your primary responsibility at work?

Service _____ Research _____ Teaching _____

3. How are clients referred to you?

Doctor's Prescription	_____	Social Service Agency	_____
Educational Facility	_____	Vocational Rehab.	_____
Other _____			

4. Who is your client base?

Adult _____ Children _____ Senior Citizens _____

5. What types of assistive technology services do you provide?

Seating and mobility	_____	Augment. Comm. Device	_____
Environmental Control Device	_____	Adaptive Computer Device	_____
Custom-designed devices	_____	Modification to AT Devices	_____
Training	_____	Pressure Mapping	_____
Repairs	_____	Maintenance	_____
Other _____			

6. In designing and/or providing an AT device, what are the appropriate percentages of:

Commercially available products _____ Custom-designed products _____

7. How many visits does a client generally make for an assistive technology intervention?

1-2 _____ 2-3 _____ 3-4 _____ 4-5 _____ other, specify _____

8. Is there follow-up after a device is delivered? Yes _____ No _____

If so, for what purpose? _____

Training _____ Modifications/Repairs _____ Customer Service/ Satisfaction _____

9. Do you mark up materials? Yes _____ No _____

If so, by how much _____

If so, what is the justification for the mark-up? _____

10. Does your service provision include in-house fabricators? Yes _____ No _____

Is fabrication contracted out? Yes _____ No _____

11. In addition to the evaluation and design of a device, do you charge separately for:

Training _____
Follow-up _____

Modification/Repair _____
Maintenance _____

12. How much per hour do you charge for rehabilitation engineering services? _____

13. How is rate determined? _____

14. Do your fees vary according to the needs and abilities of your clients to pay?

Yes _____ No _____

If so, please describe how they vary. _____

15. Do you work as part of a team? Yes _____ No _____

If so, who are your team (e.g., OT, PT, social worker, fabricator, technician)? _____

16. If you work as part of a team, do your fees as rehabilitation engineers vary from other members of your assistive technology team?

Yes _____ No _____

If yes, how do they vary? _____

17. Who pays for your assistive technology services?

HMOs/Insurance programs _____ Social Services _____ School/Edu. Institutions _____
Medicaid/Medicare _____ Voc. Rehab _____ Self-pay _____

18. If you work as part of a team, how do you distinguish what you do from what other team members do as part of an AT intervention? The question is not how a rehabilitation engineer differs from other practitioners, but what do you (as an engineer) contribute in an assistive technology intervention that is unique or distinctive from what a physical therapist, occupational therapist or other assistive technology practitioner contributes?
