

Welcome!

Introduction

Thank you for participating in our survey. This short questionnaire is intended as a first step in identifying clinicians' perceptions of the needs and barriers to adoption of technology-based rehabilitation interventions inside and outside the clinic for people with disabilities and chronic conditions. In turn, the information collected from this survey will be used to help researchers, designers, and engineers create new mRehab solutions to meet the needs of people with disabilities and chronic conditions.

We use the term "mRehab" to refer to: interventions that involve delivery of rehabilitation services and collection of health-related information using mobile telecommunication devices – including cell phones, tablet computers, "wearable" tracking or sensor-based recording devices, and the Internet.

Our definition of mRehab deliberately excludes traditional telemedicine and telehealth which typically relies on direct one-to-one or one-to-many intervention by a clinician with patients via voice and video communication.

Your answers are important, even if you do not currently utilize mRehab interventions and technologies in your practice. The survey takes about 8-10 minutes to complete.

All participants will receive a \$5.00 Starbucks Coffee gift card -- a different kind of mRehab therapy! Just be sure to include your name, email address, year of birth, and zip code at the end of this questionnaire.

We also hope you will consider joining ourmRehabTech Network, our national network of clinicians, researchers and engineers working with information and communication technologies to promote rehabilitation beyond the clinic. If interested, at the end of this questionnaire you can select "Yes" to join.

ABOUT US

This survey is being conducted by the Rehabilitation Engineering Research Center for Community Living, Health and Function (LiveWell RERC), funded by a 5-year grant from the National Institute on Disability, Independent Living and Rehabilitation Research in the U.S. Department of Health and Human Services (grant number 90RE5023). For more information, please visit us at: www.livewellrerc.org or contact project director John Morris at john.morris@shepherd.org, 404-295-7178.

This research project has been reviewed and approved by the Research Review Committee at Shepherd Center to ensure the protection of participants.

If you have questions or concerns about this research, please contact: Is

smari Clesson at 404-350-7651; ismari_clesson@shepherd.org
1. I agree to participate in this survey on mRehab interventions and technologies.
Yes
○ No
Clinician perspectives on mRehab interventions and technologies v.10
Part 1: About you
Please answer the following questions to let us know more about you.
2 What is your profession?

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∠. V	vital is your profession?
\bigcirc	Physician
\bigcirc	Physician assistant
\bigcirc	Nurse or nurse practitioner
\bigcirc	Physical therapist
\bigcirc	Occupational therapist
\bigcirc	Speech language pathologist
\bigcirc	Recreational therapist
\bigcirc	Counselor or social worker
\bigcirc	Psychologist
\bigcirc	Case manager or care coordinator
\bigcirc	Other (please specify)
3. F	How many years have you worked in this profession?
	♥

4. Which patient population do you CURRENTLY provide services to? (check all that apply)
Acquired brain injury (ABI), including traumatic and non-traumatic injuries, such as stroke or anoxic brain injury
Spinal cord injury (SCI)
Neurodegenerative disease (e.g.,MS, Parkinson's disease, ALS)
Cardiovascular disorder
Musculoskeletal injury or disorder
Cancer
Other (please specify)
5. What type of clinical unit(s) do you work in? (check all that apply)
Inpatient acute care
Inpatient rehab
Outpatient clinic
Skilled nursing facility (SNF)
Home health
Other (please specify)
6. Do you personally use any wearable tracking or sensor-based devices, like a smartwatch, tracking bracelet (Fitbit, etc.), pendant or clip-on tracker?
Yes
○ No
If yes, please specify what device/s you have for your personal use.
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Part 2: About your patients' post-acute and between-visits care needs

Please answer the following questions to help us identify the clinical perceptions of

the needs and barriers to implementing rehabilitation interventions post acute and between-visits care.

(excluding medications) AFTER DISCHARGE from acute care?

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7. Approximately what percentage of YOUR PATIENTS generally need additional therapeutic interventions

8. Approximately what percentage of YOUR PATIENTS generally need additional therapeutic interventions (excluding medications) BETWEEN VISITS to the outpatient/day program?							
9. How much ADDITION				-	sits is needed fo	or YOUR	
PATIENTS to reach their rehabilitation goals in the following areas? None A little Some Quite a bit Substantial N/A							
Stength							
Flexibility							
Balance							
Range of motion							
Endurance							
Breathing							
Pain management							
Tone/spasticity management							

10. How much ADDITIONAL TRAINING beyond clinical visits is needed for YOUR PATIENTS to reach their
rehabilitation goals in the following areas?

	None	A little	Some	Quite a bit	Substantial	N/A
Physical self-care (e.g., skin, bowel and bladder)						
Cognitive self-care (e.g., stress management, emotional regulation)						
Safe mobility (e.g., transfers, wheelchair skills)						
Upper extremity function						
Activities of daily living (e.g., bathing, dressing, cleaning, cooking)						
Sleep management						
Medication management						

11. How much ADDITIONAL COGNITIVE SUPPORT beyond clinical visits is needed for YOUR PATIENTS to meet their rehabilitation goals in the following areas?

	None	A little	Some	Quite a bit	Substantial	N/A
Vision or visual processing						
Hearing or auditory processing						
Mood						
Reasoning skills						
Memory						
Attention					\bigcirc	
Planning skills						
Impulse control						
Communication skills						
Problem solving						

12. Are there specific exercises and interventions that you prescribe for YOUR PATIENTS to work on outside of the clinic or at home?
Yes
○ No
If yes, please specify which exercises or interventions.
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Part 3. About the use of mRehab technology
The previous section asked about your patients' needs in general. This section focuses more specifically on the use of mRehab technology in your practice for your patients.
Definition: mRehab" refers to interventions that involve delivery of rehabilitation services and collection of health-related information using mobile telecommunication devices – including cell phones, tablet computers, "wearable" tracking or sensor-based recording devices, and the Internet.
13. Do you think that mobile or internet technology could be effective in supporting post-acute or between-visit (outside of the clinic) therapy interventions for YOUR PATIENTS?
Yes
○ No
14. How comfortable would you be with integrating mRehab technology into YOUR PRACTICE?
Extremely comfortable
Very comfortable
Somewhat comfortable
Not so comfortable
Not at all comfortable

	Would you be open to using mobile and internet technology for: 1) initial evaluations, and/or 2) follow-appointments with YOUR PATIENTS?
	Yes, for both (initial and follow-up appointments)
	Yes, for initial evaluation only
	Yes, follow-up appointments only
	No
)	Other (please specify)
	What BARRIERS might limit or detract from mobile and internet technology's effectiveness in porting post-acute and between-visits therapy interventions? (please select top 3)
	Patients unable to learn and/or correctly use the technology
	Patients with limited or no access to internet services
	Hassle and time commitment demanded from clinicians to adopt (learn, train, integrate, etc.)
	Improvement in patient outcomes or clinical efficiency is not significant enough to change practices
	Concerns over accuracy and reliability of system
	Patient concern over security and privacy
	Clinician concern over liability and licensing
	Cost vs. reimbursement (verifiable return on investment)
	Other (please specify)
	What do you believe are the MOST CRITICAL USE CASES for mobile or internet technology support in t-acute or between-visits therapy interventions (please select top 3)
	Support patient adherence to prescribed exercises or activities
	Support patient functioning at home and in the community
	Enable real-time, direct observation or communication between you and your patients
	Enable patients' self-reporting of outcomes data via forms and/or questionnaires
	Enable remote biometric monitoring of your patients' activity using mobile apps and/or wearable devices (e.g. step counting, heart rate tracking, sleep data reproting)
	Enable remote environmental monitoring using sensors in patients/ homes
	I don't believe mobile or internet technology can significantly support therapeutic interventions for my patients outside of the clinic
	Other (please specify)

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Part 4. Online health coaching platforms

Online health coaching platforms have emerged to provide multiple components of clinical support to patients at home and in the community. These features often include goal setting, progress tracking, motivational messaging, reminders and nudging, patient education, care management, direct voice and video communication, among other features.

18. Are you currently using any ONLINE COACHING PLATFORMS to support your patients' care?
Yes
○ No
19. If currently using an ONLINE COACHING PLATFORM to support patient care, what do you primarily use
it for?
Goal setting
Progress tracking
Motivational messaging
Reminders and nudging
Patient education and/or training
Care management
Direct voice and video communication
Other (please specify)



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Part 5. Learning about new rehabilitation technology solutions

Here you can enter your email address so we can send your\$5.00 Starbucks Coffee gift card.

We also invite you to join mRehabTech Network, our national network of rehabilitation clinicians, researchers and engineers. If you click "yes", you may withdraw at any time. This is purely a

research and community-building endeavor. Your information will not be shared outside of this network -- as we promised in our research protocol approved by Shepherd Center's Research Review Committee.

23. To receive your \$5.00 Starbucks gift card, please fill in the following fields. We are asking for the

minimum amount of ir	nformation while still preserving your privacy. V	Ve are bound by our commitment to
human subjects resea	arch protections, and will not share any identifi	able information outside of project staff
at Shepherd Center.		
Name		
Year of birth		
ZIP/Postal code		
Email address for your gift card		
•	you would like to join our mRehabTech Networking with information and communication the clinic.	
Yes		
No		