**Assessing the Need For and Effectiveness of a Presentation on**

**Pediatric Equipment in Doctor of Physical Therapy Students**

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**Background and Purpose:** Surprisingly, there is a wide variety of experience and knowledge among pediatric physical therapists (PTs) when it comes to equipment. Some clinicians consider this practice area as a huge component of what they do, while others decide to abstain from participating in the equipment decision-making process, leaving the entire process up to the equipment vendor. In order to obtain and maintain extensive equipment knowledge, physical therapists must be dedicated to researching and staying up to date with available products, discussing cases with other clinicians, and building their skills over time. Pediatric physical therapists report receiving very little instruction on pediatric-specific equipment while in physical therapy school, but instead have to rely on “on the job” learning and mentoring from more experienced therapists. The lack of curriculum content covering pediatric equipment may be due to lack of time, ever-changing durable medical equipment technology, and small focus on the PT licensure exam.

The purpose of this paper is to report on the effectiveness of a short, 30-minute Voicethread presentation in improving the baseline knowledge of Doctor of Physical Therapy (DPT) students regarding pediatric equipment in the early intervention and school settings. The goal of the presentation is not to provide students with a long list of specific equipment currently available, as new equipment comes out on the market constantly, leading to accumulation of outdated information over time. The learning objectives for the presentation are to introduce DPT students to the different categories of pediatric adaptive equipment, indications for equipment, and how to choose certain aspects of equipment based upon patient presentation. Critical thinking skills and basic foundational knowledge can allow DPT students to participate in the adaptive equipment process while on their clinical rotations and be more prepared in the future as pediatric therapists.

**Design and Procedure:** All participants were given a Pre-Test Assessment and Survey I (see Appendix) to complete. The Pre-Test Assessment included one case-based question requiring knowledge on the following: 1) existing pediatric equipment, 2) ability to determine which piece of equipment is appropriate, and 3) determine suitable features and accessories based on patient presentation. The participants then listened to a Voicethread covering pediatric equipment, including standers (dynamic, prone, supine, sit-to-stand), walkers, pacers/gait trainers, adaptive seating (strollers, school chairs, floor sitters), and ADL-related equipment (bathing). In order to focus on details of the adaptive equipment covered in the Voicethread presentation, the lecture did not address power or manual wheelchairs, some positioning devices and ADL-related equipment, and adaptive bicycles/tricycles. In addition to covering indications for these categories of equipment, the presentation also included evidence-based recommendations, what to consider before ordering, equipment features and accessories, images of various equipment, and a pre-test review including a video illustrating rationale for the correct answer. The aim of the survey was to assess general comfort level and familiarity with pediatric equipment, as well as the students’ views on a physical therapist’s role in the equipment decision-making process. After listening to the Voicethread, participants completed the Post-Test Assessment and Survey II (see Appendix). The Post-Test Assessment utilized the same format as the Pre-Test Assessment, but with a different case scenario, in order to show whether or not the information on the Voicethread was helpful for clinical decision-making on a patient case. The questions on Survey II aimed to evaluate if the student felt the presentation had any impact on their comfort level with equipment, as well as the overall effectiveness and usefulness of the presentation. Both assessments and surveys were sent back to the author once completed by the participant for scoring and evaluation.

**Sample:** The sample consisted of two groups of students enrolled in the University of North Carolina at Chapel Hill’s Doctor of Physical Therapy (DPT) Program. The first group consisted of 30 first year DPT students (DPT1) who participated as a part of their coursework for PHYT701: Motor Development and Human Movement Across the Lifespan, a course that covers a wide range of pediatric content. Out of these 30 first year DPT students, 38% reported an interest in working in a pediatric setting after graduation, 28% reported no interest, and 34% were still unsure. The second group consisted of 6 DPT students who participated voluntarily due to their interest in working in a pediatric setting upon graduation. Out of these six participants, four were second year DPT students (DPT2) and two were third year DPT students (DPT3). The two DPT3 students had already completed an 8-week pediatric clinical rotation, with one student’s experience in school-based physical therapy and the other in inpatient pediatrics. The four DPT2 students will all complete a pediatric rotation before graduating, however, only two of them are currently on their 8-week rotation focusing on pediatrics.

**Results:**

*Pre- and Post-Test Assessment Results*

**Figure I.**

*This graph demonstrates the significant increase by both subject groups in the percentage of participants who gave the correct answer after listening to the Voicethread.*

**Figure II.**

*Scoring Interpretation: 10 points were given for listing the correct piece of equipment, with 1 point added for each appropriate feature/accessory given.*

*Survey I. Results*

**Table I. Survey I Questions**

|  |  |  |
| --- | --- | --- |
|  | **DPT1** | **DPT2 & DPT3** |
| **I have an understanding of what assistive/adaptive devices are available and for which type of patient they are appropriate.** | 4.6 | 4.8 |
| **I feel comfortable making decisions regarding a child’s adaptive equipment.** | 2.9 | 4.3 |
| **I feel as though pediatric physical therapists should play a significant role in assessing for and prescribing equipment.** | 9.1 | 9.5 |

*\*Survey questions are scored a scale of 1 (strongly disagree) to 10 (strongly agree).*

Additional Survey I. Questions:

1. **List who you think should be involved in the equipment decision-making process:**

**Figure III.**

*School PT, social worker, school, insurance company, device fitting specialist, wheelchair technician, and “other healthcare professionals on the case” were each listed once.*

**Figure IV.**

**G**

*School PT, outpatient PT, social worker, insurance company, adaptive PE teacher, SLP and neurologist were each listed once.*

1. **What information or content do you need to increase your knowledge of or feel confident with adaptive equipment, assessment for equipment, and/or selection/recommendations?**

|  |  |  |
| --- | --- | --- |
| ***Themes*** | **DPT1****(n=29)** | **DPT2 & DPT3 (n=6)** |
| Types of pediatric equipment available | 21 | 3 |
| Purpose/Indications for use | 1 | 2 |
| Hands on experience with equipment (assessing for, setting it up, adjusting it to fit child, selecting additional supports) | 9 | 1 |
| Equipment content beyond what is learned in PHYT720: Intro to PT(wheelchairs, walkers, crutches & canes) | 5 | 0 |
| Equipment recommendations with rationale for specific patient populations/diagnoses/degrees of involvement | 5 | 1 |
| When and how to use/fit different types of equipment | 3 | 1 |
| How to assess for equipment | 2 | 1 |
| How to progress with equipment selection | 2 | 0 |
| The level of assistance different equipment provides | 1 | 0 |
| Information on attachments/adjustments/features | 2 | 2 |
| Practice with case examples | 3 | 0 |
| Information on braces/orthoses & how to pair w/ devices | 5 | 0 |
| Pricing & Insurance Coverage | 3 | 1 |
| Vendor Information | 1 | 2 |
| Evidence-based research on equipment recommendations | 1 | 1 |
| Special considerations for each equipment piece | 0 | 1 |

1. **Have you had any experience (including observation) assessing for or prescribing pediatric equipment? If so, explain.**

Sixty-two percent of the first year DPT students did *not* have any experience assessing for or prescribing pediatric equipment. Out of the 11 students that reported having experience, all were observation experiences. These included observation in the following settings: school-based, acute care, outpatient pediatrics, Helping Kids with Hemiplegia camp, and an after-school program at the Special Children’s School. Out of the six DPT2 and DPT3 students interested in pediatrics, four of them either already completed or are currently in a pediatric rotation, in either a school-based or inpatient pediatric setting. The remaining two students have a pediatric clinical rotation coming up this year, so they, like the DPT1 students, have not yet gained this clinical experience.

*Survey II. Results*

**Table II. Survey II Questions**

|  |  |  |
| --- | --- | --- |
|  | **DPT1** | **DPT2 & DPT3** |
| **I feel this presentation identified and adequately addressed the various considerations required to choose appropriate equipment for the pediatric population.** | 8.7 | 9.7 |
| **This information would be useful to reference if I were trying to choose an appropriate adaptive/assistive device for a child.** | 9.1 | 10 |
| **I have an understanding of what assistive/adaptive devices are available and for which type of patient they are appropriate.** | 7.6 | 9.2 |
| **I feel comfortable making decisions regarding a child’s adaptive equipment.** | 5.8 | 6.8 |
| **This was an effective presentation.** | 9.1 | 9.8 |

*\*Survey questions are scored a scale of 1 (strongly disagree) to 10 (strongly agree).*

**Table III. Selected Student Comments from Post-Test: Comments & Suggestions for Improvement**

|  |  |
| --- | --- |
| **Themes** | **DPT1** |
| Addressed content not currently provided in the curriculum | “I learned a ton from this presentation, thank you for taking the time to put this together and providing it for us. I did not know most of this equipment existed before this presentation and I thought the detail was just enough for a basic understanding of what is available. Good visuals and explanation of equipment, adjustment, features, attachments.” |
| “This presentation was really well done and addressed a need in our program for further education in adaptive equipment. I definitely think I may reference this in preparing for future pediatric clinicals. Thanks!” |
| Request for more case-based learning | “This presentation was SO helpful! Incorporating the pre-test case into the presentation, along with rationale, was also beneficial. Additional cases are the only request I would have; however, this may be mainly due to my interest in pediatrics.” |
| Request for summary sheet/quick reference | “It was super helpful! A condensed 1-page version of this would also be helpful to actually be able to take with us or quickly refer back to. But we have all of the information we would need to put that together ourselves now anyhow. Thank you!” |
| “This presentation was very thorough! I think a summary sheet or a quick reference guide would make it a better reference for the future, but it definitely covered everything well. It is just a bit dense to refer to later.” |
| Still requires hands-on experience to feel comfortable making decisions | “The content and the amount of content were good and I think that it will be a helpful resource in the future. I feel like I will still need more time to process all of the information and more experience with the equipment before I would feel comfortable in the clinic, but I do not think that much more information needs to be added to this presentation. This should set some great groundwork for later clinical application.” |
| Pre- & Post-Tests validated learning | “I think the voice thread was very helpful and had great examples in it. The pre and post-test were helpful as well to see how I progressed.” |
| Request for more information | “I loved this presentation. I thought you did a great job presenting the information and making it interested. It was very helpful to me, especially since I am interested in working with pediatrics when I graduate. The only other thing I might add would maybe be a slide or two on what specific equipment children with certain disorders/diagnosis use. I think it would be helpful just as a reference to see what is most commonly used for different diagnosis. Thank you so much for presenting and great job!” |
| “Great job! Maybe include something about the cost of the equipment since that can be a major factor when deciding what to pick for a child.” |
| “The presentation was great and I liked that I could view it on my own time, I just wish I could see some of the devices in real life when learning about them. Other than that it was very informative!” |
| “I think you did a great job describing what you have in your presentation, I would have likes more information on where to go for additional information when I have questions outside of what you presented on.”  |
| **Themes** | **DPT2 & DPT3** |
| Helpful resource | “I think this is a great resource for us as we go into the peds PT world. I have not had much experience with equipment thus far so I am very thankful for this presentation. Great job Brennan!”  |
| Request for expanding to include information on manual & power wheelchairs | “I really enjoyed your presentation! Thanks for including some of the Medicaid regulations in there – I need to become much more familiar with those. Though probably outside the scope of your capstone since equipment is a huge topic, I would love information in the same format for both manual and power wheelchairs. Examples of pediatric diagnoses that tend to require the same types/patterns of equipment with similar features/accessories would be beneficial to include as well.”  |
| Still requires hands-on experience to feel comfortable making decisions | “Great presentation Brennan! You covered some interesting equipment options that have not been discussed in my pediatric clinical thus far. I know that I need to get my hands on more kids and play more of the lead role in making these types of decisions in order to properly assess how comfortable I am. But, I do think your presentation helped me expand my knowledge of the subject. Thank you and good luck!!” |

**Discussion:** Before listening to the Voicethread, all participants were asked what information they needed to increase confidence and knowledge about adaptive equipment, including assessment and recommendations. Three DPT1’s indicated information was needed in lecture format, while 31% of first year DPT students reported needing more hands on experience to improve their knowledge and increase their confidence regarding pediatric equipment decision-making. The most common request from 72.4% of DPT1 students and 50% of DPT2 and DPT3 students was for more information on types of pediatric equipment available. This shows a need for educational content in this practice area because the need for basic equipment knowledge is only partially resolved through a pediatric clinical rotation experience. Approximately 1/3 of the DPT1 students felt they needed more hands-on experience, whereas this was the case for only one DPT2 student, and she had not yet completed her pediatric clinical rotation. Many first year students also expressed a need for equipment content beyond what is learned in UNC’s PHYT720: Intro to Physical Therapy course, which included information on wheelchairs, walkers, crutches and canes for the adult population.

Students were also asked to list who they thought should be involved in the equipment decision-making process. It is encouraging to see that all participants felt as though the physical therapist should be involved in the equipment decision-making process. Very few students specified school-based versus outpatient physical therapist, as most simply wrote “PT.” All participants also listed the child (if able) and the parent as important members of the team. The biggest disparity between the two groups was that 69% of the DPT1 students listed a physician as someone who should be involved in the process, whereas only one student from the DPT2 and DPT3 group listed a neurologist. The reality is that for the adaptive equipment covered in this presentation, the physician rarely provides input. This knowledge may come from hands-on experience in a pediatric clinical rotation. In addition, only 14% of DPT1 students included teacher in their list, whereas 50% of the more experienced students did. If the equipment is being utilized in the school environment, the teacher can be an invaluable resource for conveying particular needs of the child. Finally, other health care providers, such as speech therapists and occupational therapists were mentioned by both groups of participants. These therapists can be very helpful and collaboration between therapists typically occurs depending on the needs of the child.

It seems to be a trend that those with inpatient pediatric clinical rotation experience are not exposed to all types of pediatric equipment, whereas school-based rotations are a great learning environment for this information, with many opportunities to assess for and select pediatric equipment. No DPT2 or DPT3 students had completed a pediatric outpatient rotation, so this assessment cannot comment on exposure to equipment in that setting. As for first year DPT students, even though 38% reported observation experience in various settings, only one DPT student answered the pre-test question correctly. The average score for first year DPT students with pediatric observation experience was 1.8, whereas the average score for first year DPT students with no experience was higher, at 3.6. This shows that observation experience does not lead to an increase in actual pediatric equipment knowledge and decision-making ability.

The correct answer to the Pre-Test Assessment was a pacer or gait trainer, and only one DPT1 student answered correctly. Other common answers given were a standard walker (26.6%), a platform walker (16.6%), a walker with some type of support (13.3%), and a treadmill with a harness (10%). Other less common answers given include a rolling walker, stander, and forearm crutches. When describing rationale for equipment decisions, it was obvious that some of the first year students had good critical thinking skills, yet lacked the knowledge of pediatric equipment available or even just the appropriate terminology to use. Even further than knowing the available equipment to choose from, DPT1 students had very little knowledge regarding features and accessories. In contrast to the extremely low 3% of DPT1 students to correctly answer the pre-test question, 66.7% of DPT2 & DPT3 students correctly answered the pre-test question. The two students who answered incorrectly suggested using a stander and a LiteGait (treadmill harness).

There was a dramatic improvement in the amount of DPT1 students that answered correctly on the Post-Test Assessment, with 73.3% correctly recommending a prone stander. One student recommended a supine stander, which was given half credit. Other incorrect answers were dynamic pacer (16.7%) and an adaptive stroller (6.7%). A 70 percent increase in the amount of students answering correctly after listening to the Voicethread points to the effectiveness of this educational resource for those with very little, if any, clinical experience. Although DPT2 and DPT3 students did very well on the Pre-Test Assessment, there was still significant improvement, as 100% of these students answered the Post-Test Assessment correctly. This demonstrates the effectiveness of the Voicethread to not only teach foundational basic equipment knowledge to those with little clinical experience, it also shows its effectiveness in teaching information on areas that may have been missed on a pediatric clinical rotation.

In addition to receiving 10 points for correctly answering which piece of equipment should be recommended for the child, 1 point was given for each feature and/or accessory that would be considered when ordering that piece of equipment. Both groups had an increase in average scores after listening to the Voicethread. The DPT1 students scored an average of 7.7 on the post-test, when their average score on the pre-test assessment was only 1.9. The DPT2 & DPT3 students started off with a much higher pre-test score average of 9.6. This shows that a pediatric clinical rotation and additional didactic curriculum, such as the neuromuscular intervention courses during the second year of the program, can tremendously improve knowledge and decision-making skills in this area. However, after listening to the Voicethread, the DPT2 & DPT3 students’ average score increased to 14.2, showing that additional information was learned and applied as a result of this supplementary resource.

While all participants felt as though pediatric physical therapists should play a significant role in assessing for and prescribing equipment, they did not report feeling comfortable making decisions regarding a child’s adaptive equipment, nor did they report having an understanding of what assistive/adaptive devices are available and for which type of patient they are appropriate before listening to the Voicethread. It was interesting that the DPT2 and DPT3 students who have more clinical experience answered almost identically to the DPT1 students with a mean difference of only 0.2 (out of 10) regarding their current understanding of pediatric equipment. This shows they either lack confidence in themselves and what they actually do know, or there is room for more learning to occur. After listening to the Voicethread, all participants noted an improvement in their understanding of pediatric equipment. All participants also agreed that the presentation adequately addressed the various considerations required to choose appropriate equipment for the pediatric population and that the information would be useful to reference if trying to choose an appropriate assistive device for a child. Although both groups of students had an increase in their comfort level with making decisions regarding a child’s adaptive equipment, their comfort level was only slightly above neutral, at 5.8 for DPT1 students and 6.8 for DPT2 and DPT3 students. This may indicate that education alone cannot make DPT students comfortable in this practice area. More hands-on experience for first year students and real-world working experience for DPT2 and DPT3 students may be beneficial for improving comfort level and confidence.

All participants strongly agreed it was an effective presentation, evidenced by their comments in Table III. A few students noted that this presentation addressed content not currently provided in the curriculum. Most of the suggestions for improvement were a request for more knowledge, including more case-based learning, a short summary for a quick reference later on, more information on pricing and recommendations for specific diagnoses, as well as opportunities for hands-on experience.

**Limitations:** This report was on students in UNC-Chapel Hill’s DPT program, meaning application to students in other programs might be more difficult considering differences in timing and content of curriculum. The two sample groups were uneven in number, making it harder to reliably make comparisons between the two. Participants demonstrated good compliance, with only one DPT1 failing to fill out Survey I. Another limitation is the lack of case-based questions in the pre- and post-test assessments. With only one case, it can be hard to get an accurate depiction of a student’s complete knowledge on a topic. The assessments only tested students’ knowledge on standers and gait trainers/pacers. This was done to respect the students’ time, who completed this outside of class. To get a more complete picture, assessments could include questions on all types of equipment covered in the Voicethread presentation.

**Conclusion:** In conclusion, this report identifies the need and desire of DPT students for more educational content on pediatric equipment and the decision-making process at some point in the DPT program. Pediatric clinical rotations are immensely beneficial for improving knowledge and critical thinking skills in this practice area; however, even with this clinical experience there are still opportunities for growth in this area. This learning module might be best implemented in DPT programs before the students start their pediatric clinical rotations, in order to introduce the foundational knowledge and critical thinking skills upon which they will grow throughout their experiences with patients. An optional Voicethread with this information is a feasible and effective way to provide this learning opportunity for DPT students interested in pursuing pediatrics, without taking class time away from other necessary content.

**APPENDIX**

Pre-Test Assessment

JB is a 17 year-old male with spastic quadriplegic CP. His spasticity manifests most significantly in his hamstrings, adductors, and gastroc/soleus, as well as upper extremity flexors (biceps, wrist and finger flexors). His primary means of mobility is a power wheelchair with joystick control, which he is able to maneuver around his high school during class changes. His power wheelchair also has a standing feature. He is unable to maintain full weight bearing in standing without moderate to maximal assistance, as he lacks the trunk and lower extremity strength to maintain upright alignment, causing him to sink into a crouch gait that is only sustainable for a few seconds if no outside support is given. JB requires moderate assistance of one person for transfers in and out of his wheelchair. During the transfer, he is able to maintain full weight on his feet and use both arms to securely hold onto the person transferring him. **What piece of equipment could be implemented during PT to help JB work on weight bearing and mobility? Also note any important features/accessories you would be sure to think about when ordering this adaptive equipment.** Be sure to explain your rationale for your equipment choices.

*\*Participants were not given any answer choices. Answers were written in short answer/bullet point format.*

**Answer**: Gait trainer/pacer with saddle support.

**Possible features/accessories:**

* Saddle or sling for pelvic support (this is necessary)
* Supports: chest and arm (could include handholds for additional support)
* Straps: ankle and/or thigh to prevent scissoring; arm straps to keep UEs on arm supports
* Caster features: swivel lock, brake, variable drag, one-way ratchet control
* Type of frame
	+ Durable frame (17 y.o. boy), yet as lightweight as possible to allow for easier forward movement
	+ Color options (get the child involved in the decision-making process)
	+ Width – is it wide enough to allow for transfers from power WC to pacer
	+ Height adjustable
	+ Appropriate size (think about max weight capacity, room for growth)
	+ Easy breakdown for transport
	+ Dynamic frame can allow for more natural movement during gait (*Rifton now has a dynamic pacer – the frame allows for 3” of vertical movement and 2” of horizontal movement (with separate lock-out control for each).*
* Type of base
	+ Standard base – use for indoors and outdoors
		- **\****most practical option for JB*
	+ Utility base – large, rugged wheels for mobility on rough surfaces
	+ Treadmill base – wider base that can be placed over treadmill

**Incorrect answers:**

* A traditional walker will not provide enough support unless there is significant pelvic support. If they state they will need significant additional support they will be awarded 5 points.
* A dynamic stander is not appropriate because he already has a standing feature on his power WC, and with his level of impairment he would be unable to manually push it.

**Grading**: Students will receive 10 points for correctly stating gait trainer/pacer, and 1 point for each feature/accessory they give (the above list is not all-inclusive and reasonable features/accessories mentioned will be credited).

Survey I.

1. **I have an understanding of what assistive/adaptive devices are available and for which type of patient they are appropriate.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **I feel comfortable making decisions regarding a child’s adaptive equipment.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **I feel as though pediatric PT’s should play a significant role in assessing for and prescribing equipment.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **List who you think should be involved in the equipment decision-making process.**
2. **Do you have any interests in working in a pediatric setting upon graduation? Circle one.**

Yes No Not sure yet

1. **What information or content do you need to increase your knowledge of or feel confident with adaptive equipment, assessment for equipment, and/or selection/recommendations?**
2. **Have you had any experience (including observation) assessing for or prescribing pediatric equipment? If so, explain.**

Link to Voicethread Presentation: <http://unc.voicethread.com/share/8898253>

Post-Test Assessment

AW is a 10 year-old female with a diagnosis of trisomy 18. She presents with growth failure; she currently weighs 32 lbs and is 40 inches tall. Last year AW went through serial casting to correct bilateral clubfoot deformity and now her foot alignment has greatly improved, allowing her to tolerate her AFOs. Due to a hamstring contracture she is unable to achieve full extension passively in her right knee. AW also has a TLSO that she wears most of the hours she is at school for her progressing scoliosis. AW is unable to propel a manual wheelchair and lacks the intellectual ability to navigate a power WC, so her primary means of mobility is an adaptive stroller, which is pushed by her parents, teachers, etc. AW has good head control and her school-based PT has been working with her recently on improving bimanual play. **What piece of equipment do you think is necessary to incorporate into AW’s daily routine in order to promote more weight bearing? Also note any important features/accessories you would be sure to think about when ordering this adaptive equipment.** Be sure to explain your rationale for your equipment choices.

*\*Participants were not given any answer choices. Answers were written in short answer/bullet point format.*

**Answer:** Prone stander.

**Possible features/accessories:**

* Adjustable footplates (allow for increased PF if AW is not wearing AFOs) or strapped sandals with wedges to aid in evenly distributed WB
* Supports that allow for adjustments of AW’s knee flexion contracture
* Supports: hip stabilizers, knee laterals, trunk laterals, chest support, seat/pelvic pad
* Ability to adjust the angle of ABD in the legs of stander frame, allowing for better weight bearing and improved hip biomechanics
* Tray attachment so that AW can work on bimanual play or other school activities while in stander
* Size (& is it adjustable): does it fit AW? Does it take up a lot of space in the classroom? Can it be easily stored?
* Color (get the child involved in the decision-making process)

**Incorrect answers:**

* A dynamic stander would not be appropriate as AW would not be able to manually propel it.
* A supine stander is a possible option (the main focus here is that they realize AW should have a stander). A prone stander is the first choice because of AW’s good head control and lack of need for a headrest. In addition, if AW is unable to maintain fully upright, it would be easier for her to work on bimanual play while in a prone stander than a supine stander.

**Grading**: Students will receive 10 points for correctly choosing a prone stander, 5 points for choosing a supine stander, and 1 point in addition for each feature/accessory they give (the above list is not all-inclusive and reasonable features/accessories mentioned will be credited).

Survey II.

1. **I feel this presentation identified and adequately addressed the various considerations required to choose appropriate equipment for the pediatric population.**

 1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **This information would be useful to reference if I were trying to choose an appropriate adaptive/assistive device for a child.**

 1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **I have an understanding of what assistive/adaptive devices are available and for which type of patient they are appropriate.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **I feel comfortable making decisions regarding a child’s adaptive equipment.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **This was an effective presentation.**

1 2 3 4 5 6 7 8 9 10

Strongly Disagree Strongly Agree

1. **Comments or suggestions for improvement:**