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Mobility-related participation outcomes of rollator interventions

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Introduction

Occupational therapists are often responsible for mobility device interventions. In Northern Europe rollator interventions, being inexpensive and considered effective, are frequently used to make participation possible for people with walking limitations. A development expected to spread to other parts of the world. Yet the evidence of the intervention's effectiveness is sparse when it comes to mobility-related participation (MRP), i.e. participation involving mobility. Hence the aim of this study was to investigate MRP outcomes of rollator interventions.

Methods and materials

A pre-post study was conducted in two Danish municipalities (MI and MII). A structured baseline interview and a follow-up interview after 4-5 months were accomplished using The Nordic Assisted Mobility Evaluation 1.0 (NAME 1.0) (1). The instrument encompasses 21 items on frequency and ease of MRP, rated by the device user. Based on defined inclusion criteria, 75 community-based citizens who were to get a rollator were enrolled in the study (MI: N=37; MII: N=38). Their mean age was 77 (41-90) and 82 (52-93) years, respectively. Two thirds were women.

Results

In MI the frequency of two items and the ease of four increased. In MII no significant increase in MRP was found. Nevertheless, most rollator users' expectations were fulfilled or more than fulfilled in both municipalities (MI=87%; MII=84%), and most thought the rollator was important or very important (MI=90%; MII=79%). Bivariate analyses did not reveal any statistically significant factors influencing the investigated MRP outcomes.

Conclusion and implications

Even though most rollator users regarded their rollator as important, fulfilling their expectations, MRP outcomes in terms of frequency and ease were modest. This illustrates the complexity of mobility device outcome evaluation when it comes to participation outcomes. The contradicting results make evidence based praxis difficult, raising the question of which outcome dimensions to focus on. It may be discussed whether participation is the right outcome dimension to assess in the case of older rollator users, and further, the responsiveness of the NAME 1.0 may be questioned.

Reference

Brandt Å et al. Towards an instrument targeting mobility-related participation: Nordic cross-national reliability. *Journal of Rehabilitation Medicine* 2008; 9(40):766-772.