

Predictors Of Proficient Power Mobility In Young Children With Severe Motor Impairments

Shelley R. H. Mockler, PT, DSc, PCS, ATP

Irene R. McEwen, PT, DPT, PhD, FAPTA

Maria A. Jones, PT, PhD



Disclaimers

- This work was completed in partial fulfillment of my Doctor of Science degree in Rehabilitation Science from The University of Oklahoma Health Sciences Center.
- The contents of this presentation were developed under grants from the U.S. Department of Education, #H325K08335, #R305T010757 & #H3287A080006. However, the contents do not necessarily represent the policy of the U.S. Department of Education, and you should not assume endorsement by the Federal Government. Project Officers, Julia Martin-Eile and Carmen Sanchez.

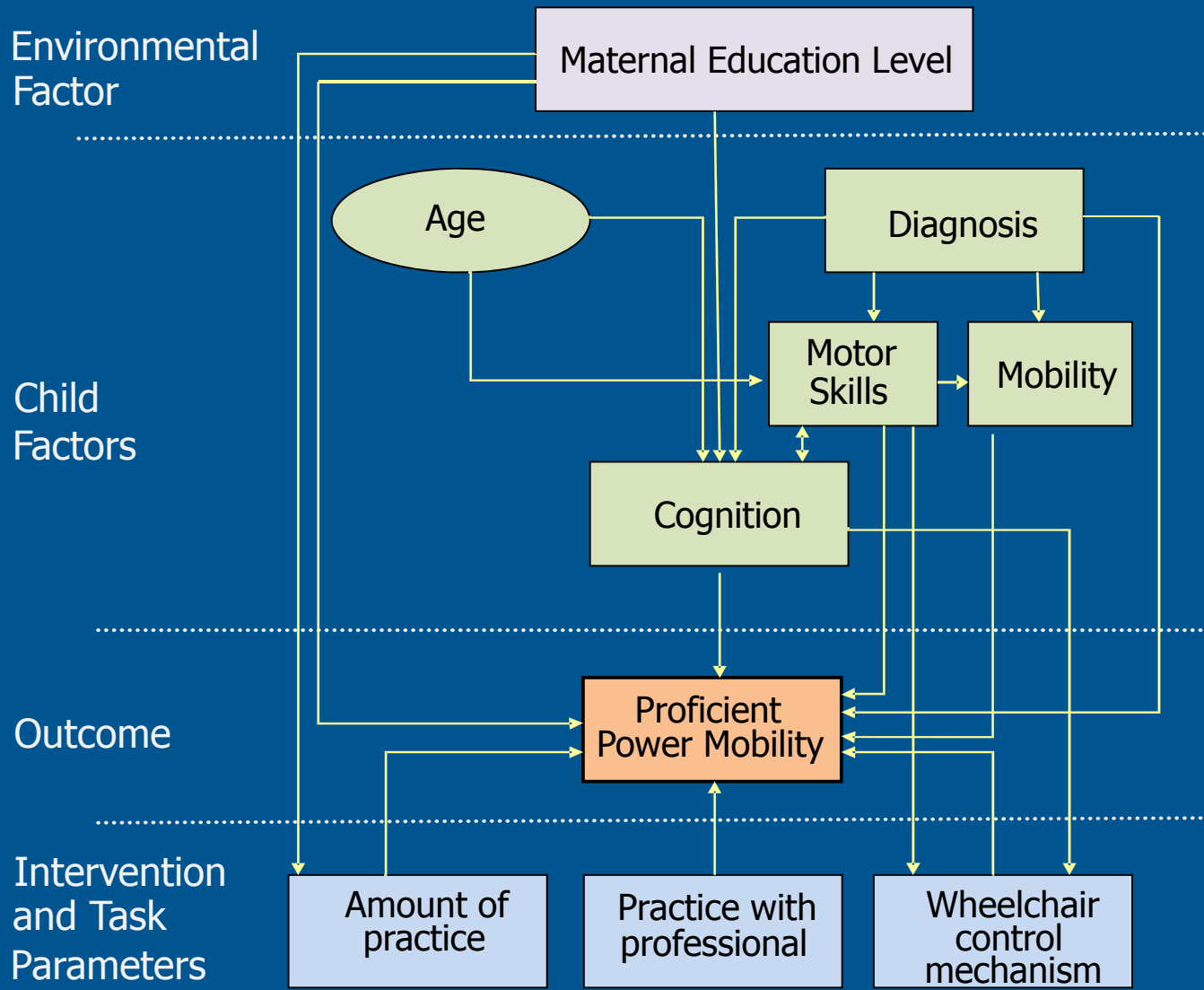


Background

- Proficiency might be associated with:
 - **age** (Furumasu, Guerette, & Tefft, 1996)
 - **cognition** (Furumasu, Guerette, & Tefft, 2004; Tefft, Guerette, & Furumasu, 1999)
 - **amount of practice** (Bottos et al., 2001; Nilsson, 2010)
 - **practice with a professional** (Nilsson, 2010)
- Lack of consensus regarding proficiency

Purpose

- 1) Determine if one or more factors are associated with or predict proficient power mobility in young children with severe motor impairments, aged 14-30 months
- 2) Determine if performance on the Wheelchair Skills Checklist (WSC; Butler et al., 1984) is associated with performance on the Powered Mobility Program (PMP; Furumasu et al., 1996)



Participants

	RCT 1	RCT 2	Combined
	(Jones et al., 2012)	(Jones et al., 2013)	
Participants, n	11	20	31
Proficient, n	4	10	14
Mean age in months (SD); min-max	22.2 (5.7) 14.3-30.3	22.6 (4.8) 15.3-31.2	22.4 (5.1) 14.3-31.2

Participants

	RCT 1	RCT 2	Combined
Diagnosis, n			
Involving brain	7	14	21
Not involving brain	4	6	10
Wheelchair control, n			
Joystick	7	17	24
Non-proportional	4	3	7
Baseline cognition AE; mean (SD)	10.9 (4.32)	11.6 (2.93)	11.4 (3.43)
Baseline gross motor AE; mean (SD)	4.5 (1.75)	4.9 (2.01)	4.8 (1.90)

Intervention

- Power wheelchairs provided x 12 months
- RCT 1 (Jones et al., 2012)
 - Parent-supervised practice
- RCT 2 (Jones et al., 2013)
 - Addition of researcher-directed practice
 - Frequency 3x/week → 1x/month
 - Structured and unstructured practice

Data Analysis

- Proficiency = 7 skills on WSC
- a priori α -level = 0.10

- Associations: Bivariate analysis
- Predictors: Multivariate logistic regression
- WSC and PMP Agreement: Percent agreement

Variables Associated with Proficiency

- The following variables were associated with proficiency in bivariate comparisons
 - Cognition ($p = <0.01$ to 0.03)
 - Wheelchair control mechanism ($p=0.09$)
 - Fine motor skills ($p=0.02$)

Predictors

	Adjusted Odds Ratio (95% CI)	p-value
Diagnosis^a	1.89 (1.29, 2.76)	0.002
Cognition	1.07 (1.01, 1.13)	0.017
Wheelchair Control Mechanism^b	0.65 (0.45, 0.94)	0.024
Age	0.98 (0.95, 1.01)	0.327
PEDI Mobility Standard Score	0.98 (0.97, 1.01)	0.166
PEDI Mobility Scaled Score	1.00 (0.98, 1.03)	0.619

^aDiagnosis involving the brain was the reference. ^bJoystick use was the reference.

Proficiency Measures

- Significant association between performance on WSC and PMP
($p < 0.001$)
- Percent agreement = 94.7%
 - Same conclusion for 18 of 19 children

Limitations

- Small sample size (n=31)
- Limitations in assessing cognition
 - Tools dependent on motor and speech abilities beyond the ability of the participants (Jones et al., 2012)
 - Tools might not identify differences between children

Conclusions

- Cognition, wheelchair control mechanism, and diagnosis might predict power mobility proficiency in young children with severe motor impairments
- These factors, however, should not be used to determine whether a child is offered the opportunity to participate in a trial or training program

Acknowledgements

- Advanced Practice Project Committee
 - Irene McEwen, PT, DPT, PhD, FAPTA (Chair)
 - Maria Jones, PT, PhD
 - Lorraine Sylvester, PT, PhD
- The authors thank the children and their families who participated, the therapists who referred children to the study, Invacare, and Adaptive Switch Labs.

References

- Bottos, M., Bolcati, C., Sciuto, L., Ruggeri, C., & Feliciangeli, A. (2001). Powered wheelchairs and independence in young children with tetraplegia. *Developmental Medicine & Child Neurology*, 43(11), 769-777.
- Butler, C., Okamoto, G. A., & McKay, T. M. (1984). Motorized wheelchair driving by disabled children. *Archives of Physical Medicine & Rehabilitation*, 65(2), 95-97.
- Furumasu, J., Guerette, P., & Tefft, D. (1996). The development of a powered wheelchair mobility program for young children. *Technology and Disability*, 5, 41-48.
- Furumasu, J., Guerette, P., & Tefft, D. (2004). Relevance of the Pediatric Powered Wheelchair Screening Test for children with cerebral palsy. *Developmental Medicine & Child Neurology*, 46(7), 468-474. doi: 10.1111/j.1469-8749.2004.tb00507.x

- Jones, M. A., McEwen, I. R., & Neas, B. R. (2012). Effects of power wheelchairs on the development and function of young children with severe motor impairments. *Pediatric Physical Therapy, 24*(2), 131-140.
- Jones, M. A., Porter, A. & Ding, K. (2013). Unpublished raw data.
- Nilsson, L. (2007). Driving to learn: The process of growing consciousness of tool use – a grounded theory of de-plateauing (Doctoral dissertation, University of Lund). Retrieved from https://www.researchgate.net/profile/Lisbeth_Nilsson/publications/
- Tefft, D., Guerette, P., & Furumasu, J. (1999). Cognitive predictors of young children's readiness for powered mobility. *Developmental Medicine & Child Neurology, 41*(10), 665-670.