# 6.811 / PPAT: Principles and Practice of Assistive Technology

Today: Course Overview and Structure; Assistive Technology Terminology

> Wednesday, 4 Sept. 2013 Prof. Seth Teller

# Today

- Staff introductions
- Definition of AT
- Class structure and goals
- Textbook
- Partner organizations
- Term structure and key dates
- Grading
- Resources
- Terminology and language
- Lab (today at 4pm in 32-044)

#### Staff

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# What is Assistive Technology?

- A device, service or process that eases or facilitates performance of some daily living task and/or participation in some activity in some environmental/social context
- Assistive technology is a broad and necessarily interdisciplinary field, involving mechanical design, materials, electronics, software, cognitive science ...

### Goals

- Broad introduction to assistive technology
  - Terminology, models, approaches, characteristics
  - Experience with existing commercial AT devices
- Term-long small-team project with a "client"
  - Team works with a person living with a disability
  - Practitioners (clinicians, therapists, technicians)
  - Practice contextual inquiry, systems thinking, spiral design and implementation, evaluation
  - Feedback from staff/practitioner panels
- Explore opportunities beyond end of term
  - MIT AT group; MIT IDEAS Challenge; MIT100K

## Structure: Three Components

- Lectures
  - Broad overview of AT as a discipline
  - Guest lectures from ATPs, PWDs, researchers
- Labs
  - Using, evaluating various assistive technologies
- Project
  - Intensive AT design experience with a client
  - In-lab design sessions; feedback from staff

# In Scope: Functional Deficits

- Human performance and participation!
- Mobility impairment
- Motor impairment (manipulation)
- Communication impairment
- Sensory impairment
- Cognitive impairment

# Client Description

[Image processing, app development, user interface]

Sunish is blind. He has some perception of light and dark, and can distinguish between light and dark colors, but cannot distinguish among similar shapes or similar colors. He desires a smartphone application (to run on any platform), that can verbally report the color and pattern of an article of clothing at the touch of a button. It should work in ambient light (in daylight or artificial light), or supply its own light. He would also like the ability to name an article of clothing, e.g., "This is my blue work shirt," and have the device generate that name the next time it is asked to "describe" the article.

## Client Description

[App development, user interface]

Samantha has a brain injury, causing deficits in short-term and working memory. She finds existing reminder devices "too simplistic," and past experience with multiple devices "overwhelming." She desires easy creation of "multiple, recurring" reminders that "do not interfere with one another." She wishes to have reminders announce themselves in her own voice rather than as "meaningless tones." She desires easy creation of recurring reminders such as "take vitamins" (daily) or "drink water" (several times per day), as well as creation of one-time reminders such as "car is parked on Level 3" or "attend class today at 1pm." Integration with her calendar program would be desirable.

# Client Description

[Mechanical engineering, usability]

Derek has muscle weakness and partial paralysis in his arms and hands. He wishes to eat soup more independently. He desires a utensil that is comfortable to grip and that will not spill when used to convey food from his plate or bowl to his mouth.

# Client Description

[Electronics, machine vision, software]

Brian is blind. He wishes to ride a bicycle safely within a suitable environment, for example around an outdoor high-school track near his workplace. The track has a rubberized surface and clear white stripes.

# Partner Organizations

- MIT IS&T AT Information Center (ATIC)
- MIT Public Service Center
- MIT Hobby Shop
- The Boston Home (Dorchester)
- The Carroll Center for the Blind (Newton)
- Leonard Florence Center for Living (Chelsea)
- Braintree Rehabilitation Hospital

# What to Expect

- Intensive work with your teammates
- Regular contact with your client
  - At times involving travel off campus
  - Certainly outside of scheduled lab times
- Weekly evaluation and feedback from staff
- Consultations with clinicians, practitioners
- Formal presentation opportunities (panels)
- Also: ethics, human subject experiments

## Term Structure, Milestones

- Week 1: Introduction and overview
- Week 2: Human subject protection
- Week 3: Team formation & client matching
- Week 4: Contextual inquiry
- Week 5: Brainstorming, V1 prototyping
- Week 6: Evaluation metrics
- Week 7: Continued work with clients
- Week 8: Mid-semester panels

# Term Structure, Key Dates (cont.)

- Week 9: User testing
- Week 10: V2 development
- Week 11: User testing
- Week 12: V3 development
- Week 13: User testing
- Week 14: End-of-term Panels
- Week 15: Submit "make" post, final report

# Grading

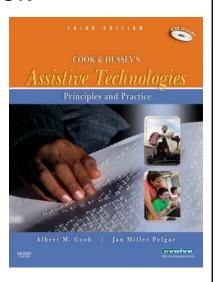
- Individual assignments (20%)
- Writeup of initial findings (10%)
- Weekly project deliverables (35%)
- Week 8 & 14 panel presentations (20%)
- Make post, final report (15%)
- Class participation (qualitative)
- No exams, midterm or final

### **Administrative Notes**

- PPAT satisfies:
  - In EECS: elective in HCI concentration (not AUS)
  - In MechE: Concentration subject in CIR track
  - In Aero/Astro: Elective PAS credit by petition

## **Textbook**

- Albert M. Cook and Jan Miller Polgar, Cook & Hussey's Assistive Technologies: Principles and Practice (Third Ed.)
- ~\$80 at the Coop
- Reserve copies available at Barker



#### Resources

- Web site (with resource links), textbook
- Course staff
  - Help facilitate client contact
  - Help scoping your team project
  - Provide regular feedback on progress, direction
- Partner organizations
  - Source of clients, clinicians and practitioners
- Rapid prototyping facilities (e.g. hobby shop)
  - Wood shop, metal shop, waterjet, laserjet
  - Safety training, additional design guidance
  - Your own initiative (Edgerton, MITERS, etc.)
  - We'll cover associated fees, material costs

# Terminology and Language

- Definition of AT: "The broad range of devices, services, strategies, and practices that are conceived and applied to ameliorate the problems faced by individuals who have disabilities."
- Note: AT is about more than devices; key focus is application of knowledge for problem-solving
- Note: as a discipline, AT practitioners and providers [ATPs] focus on addressing functional deficits in some task context

#### Rehabilitative vs. Assistive

- Rehabilitative technology
  - Focus on regaining function or capability after injury or illness; used for remediation of loss of function, rather than being part of person's daily activities.
    Could include educational technology (e.g. cognitive retraining software). Intended for transient use.
- Assistive technology
  - Client comes as s/he is, with existing capabilities and limitations. ATPs work with client to define a device or system that addresses the client's needs and wishes. Intended for life-long use.
    Main focus of this class.

# People-First Language

- Deprecated terms (no longer in common use): retarded, epileptic, crippled, quadriplegic etc.
- Disability no longer the sole adjective that defines the person; it is something that a person is living with, just as he or she has other characteristics
- Focus on the person (and the function to be augmented or provided), not on the disability
- Thus: person with developmental disability, person with epilepsy, person who uses a wheelchair
- But: choice of language is complex and can often be contentious. Subject of today's Lab.

# **Activity and Participation**

- Activity: "execution of tasks" [ICF]
- Participation: "involvement in life situations"
- Concepts are not entirely distinct
- Example components of activity and participation: "learning, applying knowledge, communication, mobility, self-care, community, social and civic life;" access to public, private, built and natural spaces; access to people and animals that provide support. [Is anything major missing?]

ICF = WHO International Classification of Functioning, Disability and Health

# Hard and Soft Technologies

- Hard technologies
  - Tangible
  - Assembled from readily available components
  - Mouth sticks, computers, software, ...
- Soft technologies
  - Decision making, strategies, training, service delivery
  - People, written or on-line documentation & processes
  - Dependent on human knowledge; harder to obtain
- Both are integral to AT systems

# **Appliances and Tools**

- Appliance: "provides benefits to the individual independent of the individual's skill level"
  - E.g. glasses, splints, seating system
- Tool: "requires development of skill for use"
  - E.g. mouth stick, speech interface, power chair
  - Require training, strategies, skills (soft techs!)
  - PWD may be only one in env't using the tool
- Design may render tools (e.g. complex, multi-part environmental control systems\*) as appliances

\*Also called EADLs (electronic aids for daily living)

### **Orthotics and Prosthetics**

- Orthotic devices (or orthoses): devices that assist or augment function
- Prosthetic devices (or prosthetics): devices that provide a functional replacement

# Other AT Terminology

- Minimal vs. maximal technology
- General vs. specific technology
- Commercial vs. custom technology
- See C&H Chapter 1 for definitions and discussion

# Coming Up

- Come to lab this afternoon! 4pm in 32-044.
  - People-first language; talking with and about PWD
- Monday lecture:
  - Assistive technology system models
  - Read Chapter 1 of Cook & Hussey
- Next Monday's lab: wheelchair mobility
  - Meet in [location TBD] at [time TBD]
  - Wear comfortable clothes
- Next Wednesday's lecture
  - The Human User