

# Nu Digest

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## The Case for Home Delivery

By John Pryles, ATP

The CRT industry has a history of favoring in-clinic delivery of equipment vs in-home delivery. However, there are strong reasons for a paradigm shift in this thinking that will benefit all parties involved.

The therapists get to focus more time on clinical interaction vs administrative. The equipment supplier smooths out the delivery cycle. Ultimately, it is the patient who will benefit the most.

The traditional opposition to home delivery has been a concern by the therapist that they will not get to see their patient in the mobility device for a review and check that everything is functioning as clinically intended. However, this desire to alter the traditional approach is not an argument for eliminating a clinic visit surrounding delivery of new equipment. It is simply a matter of timing. A clinic visit that occurs 2-3 weeks after in-home equipment delivery can be ideal in a majority of circumstances.

Advantages to home delivery include:

1. An opportunity for the ATP from the equipment supplier to see the client utilize the equipment in a home setting - going over carpets and thresholds, moving thru doorways, and performing daily tasks. Doing so allows the ATP to make adjustments to seating and positioning as well as any programming, and set up in the environment where the client will most use the mobility device. This simply cannot be done in the clinic setting.
2. Training and education on the new device, both for the user and caregiver(s), is better in the home. Not only is this a more comfortable and familiar environment, but it is more practical as, again, the ATP can see first-hand what that user will be experiencing using the device in the home. Additionally, multiple caregivers are more likely to be present in the home setting and can conclude the delivery session knowing how to use the chair, assist with transfers and perform simple cleaning and maintenance. In clinic, it is likely just one caregiver will attend the appointment - and it might not be the primary caregiver, but just who was available that day.
3. Scheduling a clinic visit a couple weeks after equipment delivery gives the client some time to get used to chair and have a variety of different experiences using the equipment. This allows for a deeper level of discussion with the therapist in determining any adjustments still required.
4. In many cases, the patient will be able to receive their equipment faster. In general, a home delivery can be scheduled sooner than having to wait for a calendar opening to schedule a clinic visit. New mobility equipment delivery is an exciting time that comes with much anticipation - and anything that can be done to accelerate the process should be considered. While this is not always the case, it is generally easier to align a time for the equipment to be brought to the home, and home delivery removes potential complications such as having to secure transportation and figure out logistical requirements.

5. When the equipment delivery occurs in-clinic, the necessary administrative tasks may detract from the time available for more directly clinical services. If the paperwork and equipment reviews are completed during the home fit and delivery appointment, the subsequent clinic visit can be spent addressing seating and positioning needs and fine tuning - which is a much better use of time for all parties.

There are some scenarios when home delivery of equipment does not make sense. For example, there should always be in-clinic delivery with medically fragile patients where intervention is highly complex, such as a patient with osteogenesis imperfecta or significant postural deformities. Another example is if the seating intervention is being done specifically to treat a stage 3 or 4 pressure injury/wound. In both these scenarios there is enough sensitivity and risk that all interactions are best done in-clinic where there are more resources and clinical expertise.

Ideally the clinic based therapists would work together with the ATP to establish parameters in which in-home delivery is acceptable. It is also critical that both sides work together to set expectations with the patient and to actively encourage compliance to the follow up in-clinic visit. When a regimen is established based on mutual trust and the specific scenario of the individual patient, the benefits discussed in this paper can be fully realized.



#### **About the Author**

*John Pryles has been practicing in the field of CRT for 20 years. He is a certified ATP with deep experience in working with a variety of different presenting conditions and finding appropriate mobility, seating and positioning solutions to best address an individual's specific needs. John has a bachelor's degree in Microbiology from Colorado State University. He also achieved accreditation as a Continuing Education Unit Educational Specialist from the University of Pittsburgh and is a member of the International Association of Continuing Education and Training. John is currently Senior Vice President of Sales at Numotion, and is responsible for driving business growth via his unique perspective and experience.*