

Assistive Technology Device Predisposition Assessment (ATD-PA)

Assessment Overview

Assessment Area

ICF Domain:
Environment

Subscales:
Person Domain (53 items)
Device Domain (10 items)

You Will Need

Length:
63 items – approximately 30 minutes

Scoring:
5-point scale for items

Summary

The Assistive Technology Device Predisposition Assessment (ATD-PA) examines a user's subjective satisfaction with achievements in a variety of functional areas and with assistive technology.

The ATD-PA encourages user participation in developing and setting goals and helps them to understand their own needs and interests. The ATD-PA can be used for complicated cases and for assessing a client's 'story' with assistive technology. For people with new spinal cord injuries who indicate previous problems with assistive technology use, the ATD-PA can be used to identify obstacles to AT use early on in the course of rehabilitation.

The ATD-PA is divided into 2 domains – Person and Device. People are asked to characterize aspects of functioning, temperament, lifestyle, and views of a particular assistive device. The ATD-PA has been shown to be a reliable measure and to have adequate content and criterion-related validity in the SCI population.

Availability

Worksheet: Can be purchased [here](#).

Languages: Brazilian Portuguese, French, German, Greek, Italian, Hungarian, Korean, and Spanish.

Assessment Interpretability

Minimal Clinically Important Difference

Not established in SCI

Statistical Error

Not established in SCI

Typical Values

Mean Scores (Person Domain Sections B & C only):
1.75-4.10

(Scherer & Cushman 2001; n=20; 10 males, 10 females; 13 paraplegia, 7 tetraplegia; complete and incomplete; acute SCI)

Measurement Properties

Validity – High

High correlation between the ATD-PA Quality of Life subscale and the Brief Symptom Inventory (BSI):

Correlation = -0.71

High correlation between the ATD-PA Quality of Life subscale and the Satisfaction with Life Scale (LISAT-9):

Correlation = 0.89

(Scherer & Cushman 2001; n=20; 10 males, 10 females; 13 paraplegia, 7 tetraplegia; complete and incomplete; acute SCI)

Number of studies reporting validity data: 1

Reliability – High

High Internal Consistency:

$\alpha = 0.80$

(Scherer & Cushman 2001; n=20; 10 males, 10 females; 13 paraplegia, 7 tetraplegia; complete and incomplete; acute SCI)

Number of studies reporting reliability data: 1

Responsiveness

Floor/Ceiling Effect:

Not established in SCI

Effect Size:

Not established in SCI

Number of studies reporting

responsiveness data: 0