RehabWeek 2017 - Survey on sensorimotor assessments

This is a fully anonymized questionnaire and your email will only be collected if you provide it at the end of the survey.

* Required

We need your opinion on how to advance technology-aided assessments

It is often said that "technology-aided assessments can provide more objective, sensitive and reliable measurements than traditional clinical scales". However, a significant amount of resources (time, money, man power) is often spent in developing tools that are rarely used in everyday clinical practice.

This survey is intended for all stakeholders in the field of neurorehabilitation (clinicians, therapists, engineers, manufacturers, patients, etc.), to help the community understand each point of view, align efforts, and close the gap between research and everyday clinical practice - specifically in regards to technology-aided sensorimotor assessments.

Thank you for participating in this survey!

After RehabWeek 2017, we will publish the results of this survey. We hope you find this valuable to guide your efforts!

Get familiar with our definitions

The following image illustrates what we mean by 'standard clinical scales' and 'technology-aided assessments'

Examples of

(* these are not exhaustive lists)

Standard clinical assessments



Box & blocks test



Two-point discrimination



Fugl-Meyer



Disabilities of the Arm, Shoulder, and Hand Questionnaire

Technology-aided assessments



Virtual setups that resemble clinical assessments



Advanced movement analysis



Analysis of brain activity related to specific movements or sensory stimuli



Analysis of reflexes and muscle properties



Scores from robotic tasks



Analysis of data from activity trackers

1. What is your gender? * Mark only one oval.					
Male					
Female					
Prefer not to say					

	country do you live/work in? *
Mark o	only one oval.
	Afghanistan
	Albania
	Algeria
	Andorra
	Angola
	Antigua and Barbuda
	Argentina Armenia
	Aruba
	Australia
	Austria
	Azerbaijan
	Bahamas, The
	Bahrain
	Bangladesh
	Barbados
	Belarus
	Belgium
	Belize
	Benin
	Bhutan
	Bolivia
	Bosnia and Herzegovina
	Botswana
	Brazil
	Brunei
	Bulgaria
	Burkina Faso
	Burma
	Burundi
	Cambodia
	Cameroon Canada
	Cabo Verde
	Central African Republic
	Chad
	Chile
	China
	Colombia
	Comoros
	Congo, Democratic Republic of the
	Congo, Republic of the
	Costa Rica
	Cote d'Ivoire
	Croatia
	Cuba
\bigcirc	Curacao
	Cyprus
	Czechia
	Denmark
	Djibouti
	Dominica Dominican Penublic
	Dominican Republic East Timor
	Ecuador

	Egypt
	El Salvador
\geq	
	Equatorial Guinea
\subseteq	Eritrea
	Estonia
	Ethiopia
	Fiji
	Finland
\leq	France
\sim	
	Gabon
\bigcirc	Gambia, The
\bigcirc	Georgia
	Germany
	Ghana
	Greece
	Grenada
\sim	Guatemala
\mathcal{L}	
	Guinea
\bigcirc	Guinea-Bissau
	Guyana
	Haiti
	Holy See
	Honduras
	Hong Kong
\sim	Hungary
	Iceland
\bigcirc	India
	Indonesia
	Iran
	Iraq
	Ireland
	Israel
\sim	Italy
	Jamaica
\geq	
	Japan
\bigcirc	Jordan
\bigcirc	Kazakhstan
	Kenya
	Kiribati
	Korea, North
	Korea, South
	Kosovo
\sim	Kuwait
	Kyrgyzstan
	Laos
\bigcirc	Latvia
	Lebanon
	Lesotho
	Liberia
	Libya
$\overline{}$	Liechtenstein
	Lithuania
\geq	
\mathcal{L}	Luxembourg
	Macau
\bigcirc	Macedonia
	Madagascar
	Malawi

\bigcirc	Malaysia
	Maldives
	Mali
	Malta
	Marshall Islands
	Mauritania
	Mauritius
	Mexico
	Micronesia
	Moldova
	Monaco
	Mongolia
	Montenegro
	Morocco
\bigcirc	Mozambique
\bigcirc	Namibia
	Nauru
	Nepal
	Netherlands
	New Zealand
	Nicaragua
	Niger
	Nigeria
	North Korea
	Norway
	Oman
	Pakistan
	Palau
	Palestinian Territories
	Panama
	Papua New Guinea
	Paraguay
	Peru
	Philippines
	Poland
	Portugal
	Qatar
	Romania
	Russia
	Rwanda
	Saint Kitts and Nevis
	Saint Lucia
	Saint Vincent and the Grenadines
	Samoa
	San Marino
	Sao Tome and Principe
	Saudi Arabia
	Senegal
	Serbia
	Seychelles
	Sierra Leone
	Singapore
	Sint Maarten
	Slovakia
$\overline{\bigcirc}$	Slovenia
$\overline{}$	Solomon Islands
	Somalia

	South Africa
\bigcirc	South Korea
	South Sudan
	Spain
	Sri Lanka
	Sudan
	Suriname
	Swaziland
	Sweden
	Switzerland
	Syria
	Taiwan
	Tajikistan
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	Tanzania
	Thailand
	Timor-Leste
	Togo
	Tonga
	Trinidad and Tobago
	Tunisia
	Turkey
	Turkmenistan
	Tuvalu
	Uganda
	Ukraine
	United Arab Emirates
	United Kingdom
	Uruguay
	Uzbekistan
	Vanuatu
	Venezuela
	Vietnam
	Yemen
	Zambia
	Zimbabwe
	u currently receive therapy due to a neuromuscular disorder? *
Walk	
	Yes Skip to question 17.
	No Skip to question 4.
Tell us	about you
4 Have	ways years of wasterainal experience do yes hove in the field of what illitation 2* *
	many years of professional experience do you have in the field of rehabilitation?* * Iding: clinical work, research, technology development, sales, policy making, etc.
	only one oval.
	< 1 Year
	1 to 5 Years
	6 to 10 Years
	> 10 Years
	kind of exposure have you had with technology-aided assessments? * all that apply.
_	have developed technology
	have used technology
	have observed technology being used
	have no experience
	Other:

 What is your profession' If you have more than one your field of study. Mark only one oval. 		n, select the one you m	ost identify with.	If you are a stu	ident, select
Therapist (research	n-focused)	Skip to question 7	7.		
Therapist (clinic-foo	cused)	Skip to question 7.			
Medical doctor	Skip to qu	uestion 7.			
Hospital / clinic adr	ministrator	Skip to question 2	29.		
Engineer (academi	c or non-p	rofit institution research	n) Skip to qu	estion 13.	
Engineer (medical	industry)	Skip to question 13	l.		
Neuroscientist	Skip to gu	estion 24			
Manager (medical	industry)	Skip to question 32	<u>.</u>		
Other (medical indu		Skip to question 32.			
Sales representativ			kip to question 3	2	
		goverment organization		uestion 37.	
		Skip to question 37.	inj Okipio q	acsilon or.	
	itative	Skip to question 37.	01:		,
Other:			SKIP	to question 37	
7. What kind of unit do you If you work in more than or Mark only one oval. Acute-care unit Inpatient unit ("larg Outpatient unit ("larg Outpatient unit ("larg Skilled nursing faci Home care Other: 8. How often are these tech Mark only one oval per row	ne, select fall", < 50 be e", > 50 be nall", < 50 rge", > 50 lity	the place where you speds) eds) patients) patients)			? *
	Never	Very rarely / only in select cases	At least once a month	At least once a week	Everyday
Robotic devices (i.e.,					
with motors) Motion sensors (e.g.,					
IMUs, activity trackers, electrogoniometers, cameras)					
Devices to measure					
brain activity (e.g., EEG, MRI scanners)	\bigcirc				
Devices to measure muscle activity (e.g.,					
EMG) Virtual reality / gaming					
environments (e.g., Nintendo Wii)					
Force/presure sensors (e.g., dynamometers, force plates, pressure insoles)					
Non-robotic devices with sensors (e.g., ergometers)					

		1: Least	2 3 4	5 h	': Most
Standard clinical assess	ments	preferred		pr	referred
(scales or questionnaire	s)				
Low-tech measurement	tools				
(e.g., goniometer) Verbal communication					$\overline{}$
Visual inspection / obser	nyation				\simeq
Using technology	valion				>
Physical manipulation					\sim
Non-standardized tasks	or				\sim
questionnaires					
How often do you (or you during routine clinical pra Mark only one oval.	ır person actice? *	nel) perform standa	rd clinical assess	sments on a giv	en patien
Never					
Very rarely / only in	select ca	ses			
Only during entry a		marye			
At least one a mont	:h				
At least once a wee	ek				
Mark only one oval. Never Very rarely / only in Only during entry al At least one a mont	nd/or disc				
Direct interaction for tecl development Direct interaction for clin	of interac v. hnology	Never 1 case 2		-	ises
n your work, what kind of Mark only one oval per rown Direct interaction for technology-assessments	of interac v. hnology	-		-	ises
n your work, what kind of Mark only one oval per row Direct interaction for tect development Direct interaction for clin validation of technology-assessments to question 37. I us about your ellow often are these tech	hnology ical aided	Never 1 case 2	-5 different cases -5 different cases -5 different cases -7 different cases -7 different cases	>5 different ca	
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Direct interaction for teck development Direct interaction for clin validation of technology-assessments to question 37. I us about your element y	of interact hnology ical -aided experio	Never 1 case 2	-5 different cases -5 different cases -5 different cases -7 different cases -7 different cases	>5 different ca	
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Observed during therapy sessions Direct interaction for technology development	Never	1-5 patients	5-10 patients	>10 patients
development				
Direct interaction through clinical				
studies				
n your work, what kind of interaction Mark only one oval per row.	ons hav	e you had witl	therapists? *	
	Never	1-5 therapists	5-10 therapis	ts >10 therapists
Observed during therapy sessions				
Direct interaction through clinical studies				
Direct interaction for technology				
development				
How often do you think therapists p	erform	standard clini	cal assessmer	its on a given patient
Mark only one oval.				
Never				
Very rarely / only in select case	es			
Only during entry and/or disch	arge			
At least one a month	-			
At least once a week				
to question 37.				
l us about your experie	nce [l	Patient]		
n what kind of unit are you being to	reated?	*		
Mark only one oval.				
Acute-care unit				
Inpatient unit ("small", < 50 be	de)			
Inpatient unit ("large", > 50 bed	•			
Outpatient unit ("small", < 50 p	-			
Outpatient unit ("large", > 50 p	atients)			
Skilled nursing facility				
Home care				
Other:				
How often do you do clinical asses	sments	during your tl	nerapy session	s? *
Mark only one oval.				
Never				
Very rarely /only in select case	es			
Only during entry and/or disch	arge			
At least one a month				
At least one a month				
At least once a week				ring therapy sessions?
At least once a week	echnolo	gical tools to	assess you du	
At least once a week	echnolo	gical tools to	assess you du	g
At least once a week	echnolo	gical tools to	assess you du	g
At least once a week How often do your therapists use to Mark only one oval.		gical tools to	assess you du	
At least once a week How often do your therapists use to Mark only one oval. Never	es	gical tools to	assess you du	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
At least once a week How often do your therapists use to Mark only one oval. Never Very rarely / only in select case	es	gical tools to	assess you du	,
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At least once a week How often do your therapists use to Mark only one oval. Never Very rarely / only in select case Only during entry and/or disched At least once a month At least once a week Do you see any value in having you	es arge			
At least once a week How often do your therapists use to Mark only one oval. Never Very rarely / only in select case Only during entry and/or disch At least one a month	es arge			

are you made aware of the scores	from yo	ur clinical ass	essments?	
Yes				
No				
Sometimes				
Do you use any technological tool Mark only one oval.	on your	own to asses	s your progres	ss? *
Yes Skip to question 23.				
No Skip to question 37.				
l us about your experie	nce [Patient]		
Please specify what kind of techno use *	logies y	ou .		
to question 37. I us about your experie	nce [Neurosci	entist]	
In your work, what kind of interacti Mark only one oval per row.	ons hav	re you had wit	h patients? *	
	Never	1-5 patients	5-10 patients	>10 patients
Observed during therapy sessions				
Direct interaction through				
neuroscience studies on sensorimotor control				
Direct interaction through clinical				
studies on therapeutic interventions				
In your work, what kind of interacti Mark only one oval per row.	ons hav	e you had wit	h therapists? *	
	Never	1-5 therapists	5-10 therapis	sts >10 therapists
Observed during therapy sessions				
Direct interaction through neuroscience studies on				
sensorimotor control				
Direct interaction through clinical studies on therapeutic interventions				
How often do you think therapists during routine clinical practice? * Mark only one oval. Never	perform	standard clin	ical assessme	nts on a given patie
Very rarely /only in select case	es			
Only during entry and/or disch	arge			
At least one a month	-			
At least once a week				
Do you think paradigms from move bimanual circle drawing, fMRI para assessements for assessing senso	digms, d	etc.) can provi	de more insigl	hts than standard cl
1 2	3	4 5		
1 2	J	- 5		
Completely disagree) Fully agree	€

to question 37. I us about your e How often are these tech Mark only one oval per row	nologies	_		_	· *
	Never	Very rarely / only in select cases	At least once a month	At least once a week	Everyda
Virtual reality / gaming environments (e.g., Nintendo Wii)					
Robotic devices (i.e. with motors)					
Force/presure sensors (e.g. dynamometers, force plates, pressure insoles)					
Motion sensors (e.g. IMUs, activity trackers, electrogoniometers, cameras)					
Devices to measure muscle activity (e.g. EMG)					
Devices to measure brain activity (e.g. EEG, MRI scanners)					
Non-robotic devices with sensors (e.g. ergometers)					
,					
How often are these tech Mark only one oval per row	_	used in your work (fo	or assessments	only)? *	
	_	s used in your work (fo Very rarely / only in select cases	or assessments At least once a month	only)? * At least once a week	Everyda
	<i>.</i>	Very rarely / only in	At least once	At least once	Everyda
Devices to measure muscle activity (e.g. EMG) Robotic devices (i.e. with motors)	<i>.</i>	Very rarely / only in	At least once	At least once	Everyda
Devices to measure muscle activity (e.g. EMG) Robotic devices (i.e. with motors) Devices to measure brain activity (e.g. EEG, MRI scanners)	<i>.</i>	Very rarely / only in	At least once	At least once	Everyda
Devices to measure muscle activity (e.g. EMG) Robotic devices (i.e. with motors) Devices to measure brain activity (e.g. EEG, MRI scanners) Motion sensors (e.g. IMUs, activity trackers, electrogoniometers, cameras)	<i>.</i>	Very rarely / only in	At least once	At least once	Everyda
Devices to measure muscle activity (e.g. EMG) Robotic devices (i.e. with motors) Devices to measure brain activity (e.g. EEG, MRI scanners) Motion sensors (e.g. IMUs, activity trackers, electrogoniometers, cameras) Force/presure sensors (e.g. dynamometers, force plates, pressure insoles)	<i>.</i>	Very rarely / only in	At least once	At least once	Everyda
Devices to measure muscle activity (e.g. EMG) Robotic devices (i.e. with motors) Devices to measure brain activity (e.g. EEG, MRI scanners) Motion sensors (e.g. IMUs, activity trackers, electrogoniometers, cameras) Force/presure sensors (e.g. dynamometers, force plates, pressure insoles) Virtual reality / gaming environments (e.g., Nintendo Wii)	<i>.</i>	Very rarely / only in	At least once	At least once	Everyda
Devices to measure muscle activity (e.g. EMG) Robotic devices (i.e. with motors) Devices to measure brain activity (e.g. EEG, MRI scanners) Motion sensors (e.g. IMUs, activity trackers, electrogoniometers, cameras) Force/presure sensors (e.g. dynamometers, force plates, pressure insoles) Virtual reality / gaming environments (e.g.,	<i>.</i>	Very rarely / only in	At least once	At least once	Everyda
Devices to measure muscle activity (e.g. EMG) Robotic devices (i.e. with motors) Devices to measure brain activity (e.g. EEG, MRI scanners) Motion sensors (e.g. IMUs, activity trackers, electrogoniometers, cameras) Force/presure sensors (e.g. dynamometers, force plates, pressure insoles) Virtual reality / gaming environments (e.g., Nintendo Wii) Non-robotic devices with sensors (e.g.	Never	Very rarely / only in select cases	At least once a month	At least once a week	

At least once a week

Tell us about your experience [Medical industry]

Check all that apply.						
Motion sensors (e.g., III	MI le activity t	rackers electi	raganiam	eters cs	merae'	
	•		rogonion	161615, Ca	ai i i c i a s ,	
Devices to measure mu	-					
Devices to measure bra	• •	g., EEG, MRI	scanners	3)		
Virtual reality /gaming e	environments					
Robotic devices (i.e., w	ith motors)					
Non-robotic devices with	th sensors (e.	g., ergometer:	s)			
Force/presure sensors	(e.g., dynamo	meters, force	plates, p	ressure	insoles)
Other:						
3. What is the current interes Mark only one oval per row.	t in assessm	ent tools? *				
, ,	l do not know	0: No interest	1 :	2 3	4	5: Everyone shows interest
From regulatory bodies						
From therapists	$\overline{}$	$\overline{}$	\rightarrow		$\overline{}$	
From medical doctors						
From hospital administrators						
From insurance						
companies						
From researchers	\sim	\longrightarrow	\longrightarrow	\rightarrow		
From patients						
re): Zero	2: Same 3	4: Doubl	fh	<i>l</i> lore an	I only produce / sell
Relative to resources spent in therapeutic	sources 1	Same 3	4: Doubl	_ th		I only produce / sell assessment devices
Relative to resources spent in therapeutic capabilities	sources 1	Same 3	Doubl	e th	an uble	
Relative to resources spent in therapeutic capabilities 5. How much of a selling point	sources 1	Same 3	Doubl	e th	an uble	
Relative to resources spent in therapeutic capabilities 5. How much of a selling point	sources 1	Same 3	Doubl	e th dou	an uble	
Relative to resources spent in therapeutic capabilities 5. How much of a selling poir Mark only one oval. Do not make any difference	nt are the ass	Same 3 Sessment cap 2 3 demand for a	Doubl pabilities 4	of a dev	an uble vice? *	assessment devices
Relative to resources spent in therapeutic capabilities 5. How much of a selling poir Mark only one oval. Do not make any difference 6. Do you foresee any change Mark only one oval.	nt are the ass 1 2 es in market	Same 3 Sessment cap 3 Seessment cap 2 3 demand for a	Doubl pabilities 4	of a dev	an uble vice? *	assessment devices
Relative to resources spent in therapeutic capabilities 5. How much of a selling poir Mark only one oval. Do not make any difference 6. Do you foresee any change Mark only one oval. Yes, I foresee an INC Yes, I foresee a DEC	nt are the ass 1 2 es in market	Same 3 Sessment cap 3 Seessment cap 2 3 demand for a	Doubl pabilities 4	of a dev	an uble vice? *	assessment devices
Relative to resources spent in therapeutic capabilities 5. How much of a selling poir Mark only one oval. Do not make any difference 6. Do you foresee any change Mark only one oval. Yes, I foresee an INC	nt are the ass 1 2 es in market	Same 3 Sessment cap 3 Seessment cap 2 3 demand for a	Doubl pabilities 4	of a dev	an uble vice? *	assessment devices
Relative to resources spent in therapeutic capabilities 5. How much of a selling poir Mark only one oval. Do not make any difference 6. Do you foresee any change Mark only one oval. Yes, I foresee an INC Yes, I foresee a DEC	nt are the ass 1 2 es in market REASE in de	Same 3 Sessment cap 3 demand for a mand mand	Doubl pabilities 4 assessm	e th dou	an uble	ning factor coming years? *
Relative to resources spent in therapeutic capabilities 5. How much of a selling poir Mark only one oval. Do not make any difference 6. Do you foresee any change Mark only one oval. Yes, I foresee an INC Yes, I foresee a DEC No ell us your opinion	nt are the ass 1 2 es in market EREASE in der [general]	Same 3 Sessment cap 3 Sessment cap 2 3 demand for a mand mand	Double pabilities 4 assessm	e th dou	on uble	ning factor coming years? *
Relative to resources spent in therapeutic capabilities 5. How much of a selling poin Mark only one oval. Do not make any difference 6. Do you foresee any change Mark only one oval. Yes, I foresee an INC Yes, I foresee a DEC No Plus your opinion 7. What is a reasonable amouleast once a week (per pati	nt are the ass 1 2 es in market EREASE in der [general]	Same 3 Sessment cap 3 Sessment cap 2 3 demand for a mand mand	Double pabilities 4 assessm	e th dou	on uble	ning factor coming years? *
Relative to resources spent in therapeutic capabilities 5. How much of a selling poin Mark only one oval. Do not make any difference 6. Do you foresee any change Mark only one oval. Yes, I foresee an INC Yes, I foresee a DEC No Pell us your opinion 7. What is a reasonable amouleast once a week (per patimark only one oval.	nt are the ass 1 2 es in market EREASE in der [general]	Same 3 Sessment cap 3 Sessment cap 2 3 demand for a mand mand	Double pabilities 4 assessm	e th dou	on uble	ning factor coming years? *
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38. What are the main motivators to perform and document results from routine assessments (standard clinical or technology-aided)? *

While multiple levels may be equally important, please rank the options.

Individual level

- Understand function, impairment, etc. of a specific patient
- Individual treatment planning
- Individualized evaluation of treatment / intervention
- Communication among medical team to discuss individual case

Institutional level

- Resource planning (e.g. allocation of therapist to different patients)
- Indicators of quality assurance inside the clinic / hospital
- Evaluation of services that are provided by the clinic / hospital
- Evaluation of health care delivery models

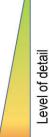
Social level

- Eligibility criteria for social security benefits, disability pensions, insurance, etc.
- Development of guidelines, legislations, policies
- Understand needs of different persons with various levels of disability

Mark only one oval per row.

	1: Least important	2	3: Most important
Institutional level reasons			
Individual level reasons			
Social level reasons			

39. In your opinion, which is the minimum level of detail needed in the quantification of sensorimotor problems for the following objectives: *



Activity

(e.g., walking, eating, dressing, general mobility)

High-level functions

(e.g., measures of dexterity, coordination, motor learning ability, balance)

Low-level functions

(e.g., measures of strength, reflexes, proprioception)

Structural / biological

(e.g., measures of changes in muscle tissue properties, integrity of corticospinal tract)

Mark only one oval per row.

	Activity (lowest level of detail)	High-level functions	Low-level functions	Structural / biological (highest level of detail)
To determine medications or invasive interventions (e.g., surgery)				
To discuss progress (therapist/clinician with patient)				
To determine physical therapy interventions				
To monitor progress of patients at home				
For patients to monitor their own progress				
To report progress to goverment bodies / insurance companies				
To discuss patient progress (therapist with clinician)				
To gather evidence of effectiveness of interventions				

40. How much do issues in each of the following categories hinder the routine use of assessments (standard clinical or technology-aided) in the clinical practice? *

While multiple levels may be equally important, please rank the options.

Knowledge, Education, and Perceived Value, e.g.,

- Lack of knowledge about reliability and validity of different assessment instruments
- Perceived value on the existing assessment instruments
- Lack of trained personnel to perform different assessments

Support/Priority, e.g.,

- Support from management / clinic administrators
- Imposition of assessment tools by management
- Inappropriate use of outcome data

Practical Considerations, e.g.,

- Time to perform assessments
- Number of assessments required to capture all important aspects
- Lack of funding or excessive costs
- Difficulty of using instruments required for the assessments

Patient Considerations, e.g.,

- Information provided by assessments is too subjective and not useful (e.g., to plan therapy interventions)
- Not all patients can complete the assessments (e.g., inability of the patient to understand instructions, complicated tasks)

*Duncan, E.A. and Murray, J., 2012. The barriers and facilitators to routine outcome measurement by allied health professionals in practice: a systematic review. BMC health services research

Mark only one oval per row.

	1: Least significant factors	2 3	 Most significant factors
Patient Considerations			
Support/Priority			
Knowledge, Education, and Perceived Value			
Practical Considerations			

41. What are the major bottlenecks in implementing technology-aided sensorimotor assessments in routine clinical practice? *

Rank in order of importance. Mark only one oval per row.

	1: Smallest bottleneck	2 3 4 5 6 7 8: Biggest bottleneck
Lack of understanding on how to interpret and use assessment results		000000
Lack of tools that measure the correct variables		000000
Technology is not mature enough (e.g., devices break too often)		
Lack of educational programs on how to use technology		
Lack of time to perform assessments		000000
Results from assessments are highly device-dependent / lack of standardization		000000
Lack of reimbursement for time spent in assessments		000000
Technologies are too expensive		000000

Rank in order of importance. Mark only one oval per row.				
	1: Lowest priori	ty 2	3 4 5	5: Highest priority
Promotion of cross-disciplinary education and communication				
Better understand the link				
between different levels of assessment (i.e., activity, high-				
level function, low-level function, and structural/biological)				
Proper definition of taxonomies and terms used in the field				
Standardization of technology-				
aided assessments (outcome measures and protocols)				
Make routine assessment				
procedures reimbursable or economically feasible				
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Will you be attending RehabWeek Mark only one oval.	2017? *			
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