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Research article

Predicting interest to use mobile-device telerehabilitation (mRehab) by baby-boomers with stroke

Marie-Louise Bird^{1,2,*}, Janice J Eng^{1,2} and Brodie M. Sakakibara^{1,2,3}

- ¹ Research Rehabilitation Program, Vancouver Coastal Health Research Institute, Canada
- ² Department of Physical Therapy, University of British Columbia, Vancouver, BC, Canada
- ³ Faculty of Health Sciences, Simon Fraser University, Vancouver, BC Canada
- * Correspondence: Email: marie-louise.bird@ubc.ca; Tel: +16047144117.

Appendix 1. Interest to receive telerehabilitation questions

Rehabilitation assessments, such as assessing your physical and self-care abilities, may be completed by a therapist using the following technologies. How strongly would you be/have been interested in using the technology for assessments?

Mobile phone: Very interested (1) Somewhat interested (2) Not interested (3)

Tablet (e.g. iPad): Very interested (1) Somewhat interested (2) Not interested (3)

Rehabilitation programs, such as exercise, strengthening, balancing, stretching and flexibility, and on uses of walking aids, may be delivered and monitored by a therapist using the following technologies. How strongly would you be/have been interested in using the technology to receive the rehabilitation program?

Mobile phone: Very interested (1) Somewhat interested (2) Not interested (3)

Tablet (e.g. iPad): Very interested (1) Somewhat interested (2) Not interested (3)

Rehabilitation education, such as on how your stroke has affected your abilities, and the likely course of your condition, may be delivered by a therapist using the following technologies. How strongly would you be/have been interested in using the technology to receive education?

Mobile phone: Very interested (1) Somewhat interested (2) Not interested (3)

Tablet (e.g. iPad): Very interested (1) Somewhat interested (2) Not interested (3)

Appendix 2. Attitude towards telerehabilitation questions

How much do you agree or disagree with the following statements about the use of technology to receive rehabilitation?

	Strongly	Disagree	Agree	Strongly agree (4)
	disagree (1)	(2)	(3)	
I would feel more independent				
It would save me money by not having to				
travel to appointments.				
I would have fewer interactions with				
rehabilitation professionals.				
I would like to have received rehabilitation				
in my own home or community.				
I would feel more confident in my ability to				
manage my progress.				
I feel the quality of care would be less than				
face-to-face care.				
I don't want to discuss sensitive information				
that is not in-person.				
It would make accessing stroke care easier.				
I feel that it would enhance my current care.				
I would miss the in-person interactions I had				
during rehabilitation.				



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