### Glossary of Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tbody>
<tr>
<td>ADAMHA</td>
<td>Alcohol, Drug Abuse, and Mental Health Administration (PHS)</td>
</tr>
<tr>
<td>AIS</td>
<td>abbreviated injury scale</td>
</tr>
<tr>
<td>APTD</td>
<td>Aid to the Permanently and Totally Disabled Program</td>
</tr>
<tr>
<td>ATCB</td>
<td>Architectural and Transportation Compliance Board</td>
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<tr>
<td>BRP</td>
<td>Beneficiary Rehabilitation Program (SSDI)</td>
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<tr>
<td>BSSR</td>
<td>Bureau of Social Science Research, Inc.</td>
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<tr>
<td>CBA</td>
<td>cost-benefit analysis</td>
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<tr>
<td>CBO</td>
<td>Congressional Budget Office (U.S. Congress)</td>
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<tr>
<td>CEA</td>
<td>cost-effectiveness analysis</td>
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<tr>
<td>CETA</td>
<td>Comprehensive Employment and Training Act</td>
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<tr>
<td>CIL</td>
<td>center for independent living (also can be ILC)</td>
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<tr>
<td>COMSAT</td>
<td>Communications Satellite Corp.</td>
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<tr>
<td>CRS</td>
<td>Congressional Research Service (Library of Congress)</td>
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<tr>
<td>DD</td>
<td>developmental disability (ies)</td>
</tr>
<tr>
<td>DHEW</td>
<td>Department of Health, Education, and Welfare (now DHHS)</td>
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<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
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<tr>
<td>DME</td>
<td>durable medical equipment</td>
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<tr>
<td>DOD</td>
<td>Department of Defense</td>
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<tr>
<td>DOE</td>
<td>Department of Education</td>
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<td>DOL</td>
<td>Department of Labor</td>
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<td>DOT</td>
<td>Department of Transportation</td>
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<tr>
<td>FAI</td>
<td>functional assessment inventory</td>
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<tr>
<td>FDA</td>
<td>Food and Drug Administration (PHS)</td>
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<tr>
<td>GAO</td>
<td>General Accounting Office (U.S. Congress)</td>
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<tr>
<td>GMENAC</td>
<td>Graduate Medical Education National Advisory Committee</td>
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<tr>
<td>HCFA</td>
<td>Health Care Financing Administration (DHHS)</td>
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<tr>
<td>HEW</td>
<td>See DHEW</td>
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<tr>
<td>HHS</td>
<td>See DHHS</td>
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<tr>
<td>HP</td>
<td>habilitation plan (developmental disabilities)</td>
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<td>HRA</td>
<td>Health Resources Administration (PHS)</td>
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<td>HSA</td>
<td>Health Services Administration (PHS)</td>
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<td>HSQB</td>
<td>Health Standards and Quality Bureau (HCFA)</td>
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<td>HUD</td>
<td>Department of Housing and Urban Development</td>
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<tr>
<td>ICF/MR</td>
<td>Intermediate Care Facilities for the Mentally Retarded</td>
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<td>IDE</td>
<td>investigational device exemption</td>
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<tr>
<td>IEP</td>
<td>individualized educational program</td>
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<td>IHP</td>
<td>individualized habilitation plan</td>
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<td>ILC</td>
<td>independent living center (also see CIL)</td>
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<td>IRSG</td>
<td>Insurance Rehabilitation Study Group</td>
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<tr>
<td>IWRP</td>
<td>individualized written rehabilitation program</td>
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<tr>
<td>LRE</td>
<td>least restrictive environment</td>
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<tr>
<td>NARF</td>
<td>National Association of Rehabilitation Facilities</td>
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<td>NARIC</td>
<td>National Rehabilitation Information Center</td>
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<tr>
<td>NAS</td>
<td>National Academy of Sciences</td>
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<td>NASA</td>
<td>National Aeronautics and Space Administration</td>
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<td>NBS</td>
<td>National Bureau of Standards</td>
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<td>NCHCT</td>
<td>National Center for Health Care Technology (OASH)</td>
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<td>NCHS</td>
<td>National Center for Health Statistics (OASH)</td>
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<td>NCHSR</td>
<td>National Center for Health Services Research (OASH)</td>
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<td>NEI</td>
<td>National Eye Institute (NIH)</td>
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<td>NHTSC</td>
<td>National Highway Traffic Safety Administration</td>
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<tr>
<td>NIA</td>
<td>National Institute on Aging (NIH)</td>
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<td>NIADDK</td>
<td>National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases</td>
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<td>NICHD</td>
<td>National Institute of Child Health and Human Development (NIH)</td>
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<td>NIH</td>
<td>National Institutes of Health (PHS)</td>
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<td>NIHR</td>
<td>National Institute of Handicapped Research (DOE)</td>
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<tr>
<td>NINCDS</td>
<td>National Institute of Neurological and Communicative Disorders and Stroke (NIH)</td>
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<td>NSC</td>
<td>National Safety Council</td>
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<tr>
<td>NSF</td>
<td>National Science Foundation</td>
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</table>
OASH  Office of the Assistant Secretary for Health (DHHS)
OHDS  Office of Human Development Services (DHHS)
OHI  Office for Handicapped individuals (DOE)
OHRST  Office of Health Research, Statistics and Technology (OASH)
OPPR  Office of Policy Planning and Research (HCFA)
OSE  Office of Special Education (Department of Education)
OSMA  Office of Small Manufacturers’ Assistance (FDA)
OTA  Office of Technology Assessment (U.S. Congress)
PHS  Public Health Service (DHHS)
R&D  research and development
REC  rehabilitation engineering center (NIHR)
RER&D  Rehabilitation Engineering Research and Development Program (VA)
RI  rehabilitation indicators
RSA  Rehabilitation Services Administration (DOE)
RTC  research and training center (NIHR); sometimes seen as R&TC
SBA  Small Business Administration
SGA  substantial gainful activity
SSA  Social Security Administration (DHHS)
SSDI  Social Security Disability Insurance Program (SSA)
SSI  Supplemental Security Income Program (SSA)
SSI-VR  Supplemental Security Income-Vocational Rehabilitation Program (SSA)
TASH  Technical Aids and Systems for the Handicapped, Inc.
VA  Veterans Administration
VDI  vehicle deformation index
VR  vocational rehabilitation

Glossary of Terms*

Allied health provider: A specially trained and licensed (when necessary) health worker who provides direct services to clients which supplement, complement, or support the professional functions of physicians, dentists, podiatrists, or nurses. Types of allied health providers include physical therapists, speech therapists, occupational therapists, rehabilitation counselors, rehabilitation engineers, orthotic and prosthetic technologists, and social workers.

Appropriate technology: A term used in this report to mean the appropriate development and, especially, application of technology to eliminate or reduce an impairment, disabling condition, or a handicapping condition. It does not refer to the intermediate- or low-capital technology movement.

Attendant care services: Services that are provided by an attendant in assisting a severely disabled person, usually a person needing a wheelchair for mobility, with basic activities of daily living so that the disabled person may live more independently.

Comprehensive technology assessment: See “technology assessment.”

Cost-benefit analysis (CBA): An analytical technique that compares the costs of a project or technological application to the resultant benefits, with both costs and benefits expressed by the same measure. This measure is nearly always monetary.

Cost-effectiveness analysis (CEA): An analytical technique that compares the costs of a project or alternative projects to the resultant benefits, with cost and benefits/effectiveness not expressed by the same measure. Costs are usually expressed in dollars, but benefits/effectiveness are ordinarily expressed in terms such as “lives saved,” “disability avoided,” “quality-adjusted life years (QALYs) saved,” or any other relevant objectives. Also, when benefits/effectiveness are difficult to express in a common metric, they may be presented as an “array.”

Development disability (DD): A severe, chronic disability that is attributable to mental or physical impairments that are manifested before the person reaches age 22, which is likely to continue indefinitely, and which results in substantial functional limitations in three or more of the following categories: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic sufficiency.

Device (medical): Any physical item, excluding drugs, used in medical care (including instruments, apparatus, machines, implants, and reagents).

Disability: A term used to denote the presence of one or more functional limitations. A person with a disability has a limited ability or an inability to perform one or more basic life functions (e.g., walking) at a level considered “typical.”

Drug: Any chemical or biological substance that may be applied to, ingested by, or injected into humans in order to prevent, treat, or diagnose disease or other medical conditions.

* OTA would like to thank Marvin Kornbluh of the Congressional Research Service for sharing his glossary of disability-related terms with us.
Durable medical equipment (DME): A category for reimbursement under Medicare, part B, which refers to equipment that: 1) can withstand repeated use, 2) serves primarily a medical purpose, 3) is not generally useful in the absence of an illness or an injury, and 4) is appropriate for use in the home. Examples of DME include hospital beds and accessories, wheelchairs and accessories, canes and crutches.

Efficacy: The probability of benefit to individuals in a defined population from a medical technology applied for a given medical problem under ideal conditions of use.

Functional limitation: An inability to perform some basic life activity (e.g., walking, grasping, or speaking) at a “typical” level due to an underlying physical or medical condition.

Habilitation: The process of the combined and coordinated use of medical, social, educational, and vocational services for training individuals born with limited functional ability to attain the highest possible level of functional ability. Also called “rehabilitation.”

Handicap: Inability to perform one or more life functions (e.g., eating, conversing, working) at a “typical” level, caused by the interaction of an individual’s disability with the physical and social environments in which that person is functioning or expected to function.

Impairment: A physiological, anatomical, or mental loss or “abnormality” caused by accident, disease, or congenital condition. An impairment may be the underlying cause of a disability.

Incidence: In epidemiology, the number of cases of disease, infection, or some other event having their onset during a prescribed period of time in relation to the unit of population in which they occur. It measures morbidity or other events as they happen over a period of time.

Independent living center (ILC): A program that provides or organizes services to assist disabled individuals experience independent living (the ability to make one’s own decisions and assume responsibility for one’s own life), including integration into the community to the maximum extent feasible or desirable, and access to support services in order to maintain independence.

Least restrictive environment (LRE): A concept incorporated into the Education For All Handicapped Children Act that means that handicapped children must be educated to the maximum extent appropriate with nonhandicapped children. Appropriateness is the factor that determines whether a child will be educated in the regular classroom or in another setting such as a special classroom, a special (separate) school, at home, or in a hospital or other institution.

Mainstreaming: A process that assists or enables disabled persons to live, work, and learn in the same settings as nondisabled persons. The term is often used to refer to the process of educating disabled children with nondisabled ones in the same classrooms and schools. A more accurate term might be “integration.”

Medicaid: A Federal program that is administered and operated individually by each participating State government that provides medical benefits to certain low-income persons in need of health and medical care. Disabled individuals who receive Supplemental Security Income (SSI) payments (see SSI) also receive Medicaid benefits.

Medical technology: The drugs, devices, and medical and surgical procedures used in medical care, and the organizational and support systems within which such care is provided.

Medicare: A nationwide, federally administered health insurance program authorized in 1965 to cover the cost of hospitalization, medical care, and some related services for eligible persons over age 65, persons receiving Social Security Disability Insurance (SSDI) payments for 2 years (see SSDI), and persons with end-stage renal disease. Medicare consists of two separate but coordinated programs-hospital insurance (part A) and supplementary medical insurance (part B). Health insurance protection is available to insured persons without regard to income.

Morbidity: A measure of illness, injury, or disability in a defined population. It is usually expressed in general or specific rates of incidence or prevalence. Sometimes used to refer to any episode of disease. See also “mortality (death).”

Mortality (death): A measure of deaths, used to describe the relation of deaths to the population in which they occur. The mortality rate (death rate) expresses the number of deaths in a unit of population within a prescribed time.

Prevalence: In epidemiology, the number of cases of disease, infected persons, or persons with disabilities or some other condition, present at a particular time and in relation to the size of the population. It is a measure of morbidity at a point in time.

Procedure (medical or surgical): A medical technology involving any combination of drugs, devices, and provider skills and abilities. For example, an appendectomy may involve at least drugs (for anesthesia), monitoring devices, surgical devices, and physicians’, nurses’, and support staffs’ skilled actions.
Rehabilitation: The process of the combined and coordinated use of medical, social, educational, and vocational services for training or retraining individuals, who have become disabled, to the highest possible level of functional ability. Also called “habilitation.”

Rehabilitation engineer: A professional who coordinates various concepts, techniques, and developments in engineering, psychology, systems information, medical and rehabilitation practice, and information regarding diseases or handicaps, to assist disabled persons in the rehabilitation process by providing specific solutions to problems these individuals face in utilizing their abilities.

Rehabilitation engineering center (REC): A research center devoted to research in specific rehabilitation engineering topics funded by the National Institute of Handicapped Research. Since 1971, 12 RECs have been established in the United States, with 3 collaborating centers overseas.

Rehabilitation physician specialist (physiatrist): A physician who has completed postgraduate medical education in the specialty of rehabilitation medicine and who provides medical rehabilitative services and organizes systems of care in the community, obtains resources for clients and programs, conducts research, and provides education on disability.

Research and training center (RTC): A university-based research center funded by the National Institute of Handicapped Research that performs research in one of the following areas of the rehabilitation field—medical rehabilitation, mental retardation rehabilitation, vocational rehabilitation, deafness rehabilitation, blindness rehabilitation, and mental health rehabilitation—and conducts training programs for rehabilitation and health care professionals in the specialty area.

Related services: An entitlement under the Education for All Handicapped Children Act to available technologies in the form of aids and services that are necessary for educating a disabled child in the least restrictive environment (LRE). (See LRE.)

Risk: A measure of the probability of an adverse or untoward outcome’s occurring and the severity of the resultant harm to health of individuals in a defined population associated with use of a medical technology applied for a given medical problem under specified conditions of use.

Risk-benefit analysis: The formal comparison of the probability and level of adverse or untoward outcomes versus positive outcomes for any given action. The comparison of outcomes does not take into consideration the resource costs involved in the intended action.

Safety: A judgment of the acceptability of risk (see above) in a specified situation.

Special education: The process of teaching children with disabilities, particularly children who have emotional illness, specific learning disabilities, or mental retardation. Also refers to the process of teaching children with unusually high intellectual potential.

Social Security Disability Insurance (SSDI): A Federal social insurance program for workers who have contributed to the social security retirement program and become disabled before retirement age. Beneficiaries receive monthly cash payments.

Substantial gainful activity (SGA): An earnings test used in the determination of eligibility for the Social Security Disability Insurance or Supplemental Security Income programs. In order to be considered disabled under either program, an individual must have a severe impairment and cannot be engaging in SGA, or earning more than $300 per month. Earnings above the SGA limit automatically cause a determination of “not disabled.”

Supplemental Security Income (SSI): A Federal income support program for low-income disabled, aged, and blind persons. Eligibility for the monthly cash payments is based on the individual’s current status without regard to previous work or contributions to a trust fund. Some States supplement the Federal benefit.

Technology: The application of organized knowledge to practical ends.

Technology assessment: A comprehensive form of policy research that examines the technical, economic, and social consequences of technological applications. It is especially concerned with unintended, indirect, or delayed social impacts. In health policy, the term has also come to mean any form of policy analysis concerned with medical technology, especially the evaluation of efficacy and safety. The comprehensive form of technology assessment is then termed “comprehensive technology assessment.”

Vocational rehabilitation: In general, the process of utilizing services and assistive devices to enable a disabled individual to enter or return to gainful employment. Specifically, vocational rehabilitation refers to the program authorized by the Rehabilitation Act of 1973, as amended, which provides Federal grants to State rehabilitation agencies to provide vocational rehabilitation services. The Vocational Rehabilitation program is administered at the Federal level by the Rehabilitation Services Administration.
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