Persona : Al

Age : 65+

: Widowed, 4 years

: 1 adult daughter, married with small children, lives in Australia

Health : Suffered first stroke six weeks ago

Prior to this, does not smoke, drinks moderately (2-3 beers a week, some weeks no drinks). A recreational cyclist (does not cycle to work). Likes to swim. Does not follow sports. Has been active with his church and has taught in Bible classes for ages 8 – 12, for a number of years.

Has worked 20+ years for an architectural/building firm. Initially worked as a mechanical engineer, but has worked as mechanical designer in recent years.

Consequences of stroke: minor speech impairment which has largely been overcome through therapy. Difficulty in walking and difficulty in assessing placement of objects/hands to place objects.

Was in a rehabilitation unit where some progress (mainly speech) was made. However, Al is in denial about the stroke and this means he is often distracted and/or depressed. 1 week ago he mixed up when to take his medication and this led to a minor medical reaction. This seems to have depressed him further. Al has moved to assisted living accommodation but the intent is to help him overcome remaining problems so that he can return home, to work and to church.

Next stages for improvement

: Al wants to be in his own home but to do this he needs to be able to

1. Walk through rooms, to bathroom, to kitchen. At present, he would have difficulty doing this.

* Needed: Exercises to improve muscle strength, balance coordination, overall activity.

1. Return to work. At present, in addition to walking problems, Al would be unable to grasp and control the tools that he would use as a designer.

* Needed: Exercises to improve control and coordination of hands.

1. Take medication on time. Initial assessments have shown Al is depressed with his recent stroke and feels out of control over what matters to him. This in turn leads him to not act according to instructions, such as medication. He presently has four types of medication: two are taken only once a day, a third is taken twice a day and should be taken, one, when he first gets up, and two, when he is ready to go to sleep; the fourth medication needs more precise administration and it is this one that Al failed to take correctly which led to some minor deterioration.

* Needed: A method that makes it easier for Al to take his medication at the right times.

1. Because Al has difficulty in walking, he needs extra assistance getting small, everyday items.

* Needed: A robot which could take voice instructions – ‘Bring me my glasses’, for example – would ease Al’s transition to being fully independent in his home once released there. Items that may be needed for a robot to fetch include: aforementioned glasses, pen and paper, mobile telephone.

If these four areas can see real improvement in Al’s ability to regain independence, he could be released to return to live home. His employers are keen to keep him in their employ and are making arrangements to give him ground-level office and access to ground-level rooms. Both a return to living at home and return to work would make a positive difference to Al, who misses deeply feeling like a functioning adult with much to give to others.

*Nice to have:*

Given that Al has worked for a building company as a mechanical engineer and now designer, he would enjoy checking his use of heating and electricity of his environment. It would tie in with his employment and give him an element of control over his life, something he feels he has lost with the stroke and its effects.