

Home for Living: An adaptive model for life out of the wheelchair

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SUMMARY

The project has juggled many desires and aspirations. The main contenders of this negotiation were hospitals (and their many divisions within) and the individuals in the wheelchair. The hospitals each have their own rehabilitation programs, spread out among the departments staffed by rehabilitation specialists who may not be in direct communication with other specialists. For example, physical therapists often do not know the occupational therapists who, in turn, may not fully know the medical doctors' agenda. This leads to everyone, in particular the occupational and physical therapists, testing and prescribing therapies for the individual separately, without reference to the other specialist's recommendations. The other major partner in this process, of course, is the individual in the wheelchair who very often declared that their first desire for their home is that it appear "normal," and not that of someone with a disability. Ultimately, we concluded that it is the architect (conveyors of intentional and accommodating spaces, among other organizational techniques) who is in the best position to collate and reconcile all these disparate requirements and desires, to synthesize them into a comfortable and responsive space that accommodates therapy, living and dreaming without appearing therapeutic or alien. Although it is still a work in progress, we are optimistic at the potential for designing and realizing an architecture that will offer ways to subtly strengthen and improve the health of the wheelchair users, while affording them increased pleasure, efficiency and utility in their living environments.