Pediatric Rehabilitation Outpatient Clinic: design focus on invisible disabilities with sensory sensitivity

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Introduction

A Pediatric Rehabilitation Outpatient Clinic in Logan, UT designed with better than code accessibility standards and focusing on comfort for invisible disabilities with sensory sensitivity.

The Americans with Disabilities Act of 1990 (ADA) defines an individual with a disability is a person who: Has a **physical or mental** impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

Invisible (hidden) disabilities are not immediately apparent to others. Some include: Autism, Multiple Sclerosis, Asperger Syndrome, and Traumatic Brain Injuries

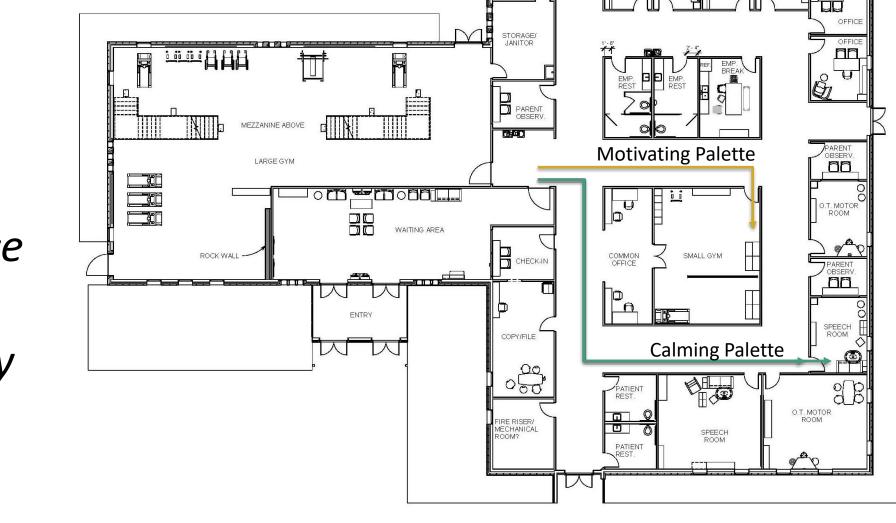
Sensory Sensitivity:

- Hypersensitivity: being overly reactive to sensory stimulation
- **Hyposensitivity:** having an under response to sensory stimulation

10% of Americans live with an invisible disability

Space Planning: A layout to accommodate for all disabilities

The layout was carefully designed to have two different spaces for each type of therapy; physical, occupational, and speech. Each space having a comfort controls and color palettes to accommodate for sensory sensitivity.



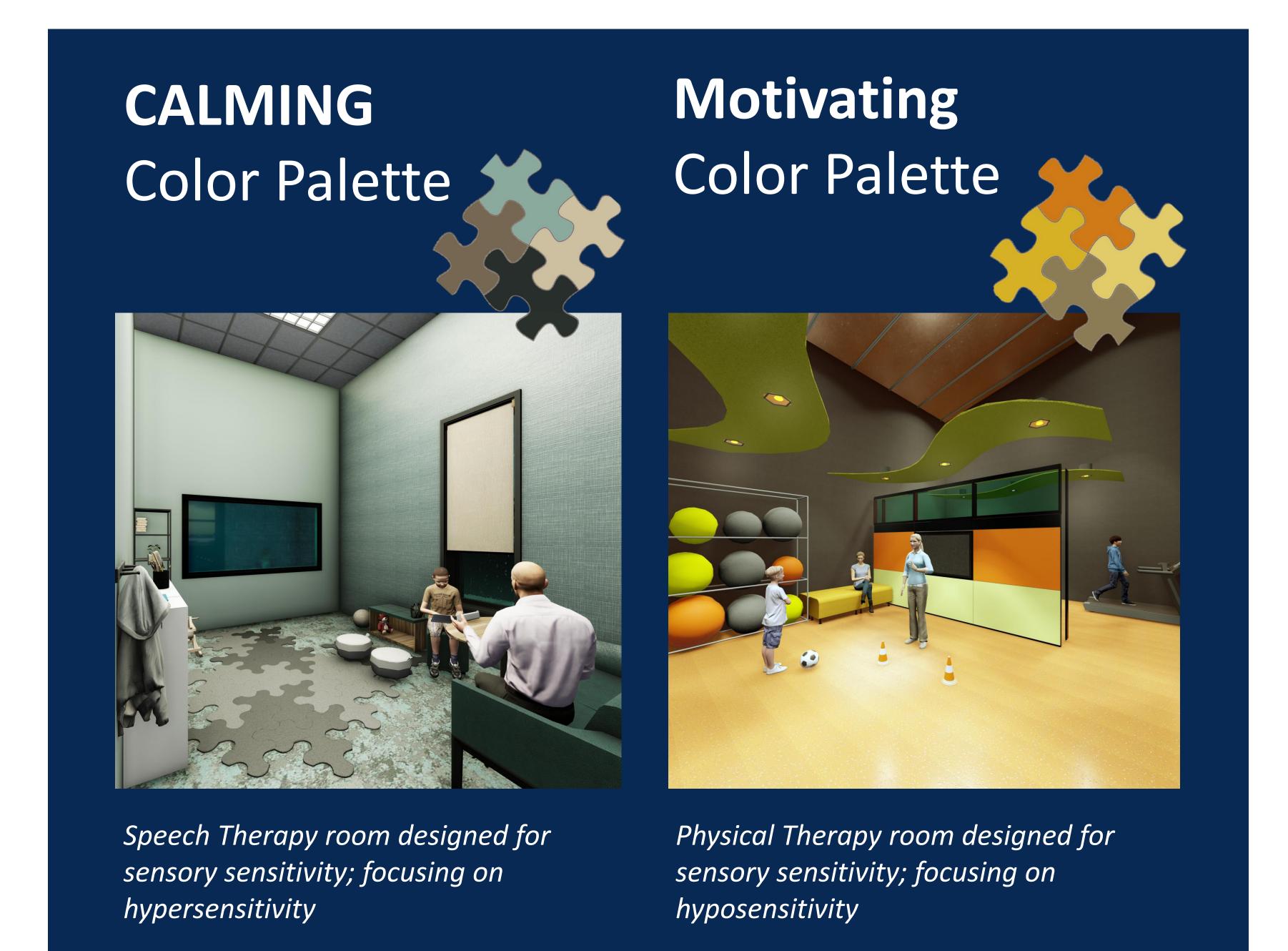
Methods

Applying comfort controls, appropriate colors, and separation of rooms are important to consider when designing for either hypersensitivity and hyposensitivity. Most of the children using the facility will likely need sensory accommodations.

- L. Custom Comfort Controls adding temperature, lighting, acoustic controls to every therapy room
- 2. Color Palettes a variety of color palettes appealing to different sensitivities
- 3. Separation/Distraction having alternate routes to the therapy rooms by avoiding distractions or having quick access to motivation



The exterior of the Pediatric Rehabilitation Outpatient Clinic was designed to compliment the surrounding landscape of Logan, UT. It upholds accessibility standards and has a neutral aesthetic for all with sensory sensitivities.



Conclusion

Because most patients using the facility will likely have sensory sensitivity; it is necessary to design flexible rooms with control systems for lighting, acoustic noise, and temperature that can be adjusted specific to each patient. Assuming a patient's sensory accommodation should be avoided. Instead allow them or their parents to specify the comfort levels to attain desired results. Additionally, careful selections of materials, furniture, color, and equipment is especially important to create purpose for each space.

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