Prioritizing digital educational resources on low-vision assistive technology for older adults through clinician-informed participatory methods.H. Aminparvin, K. Latulippe, H. Boxerman, J. Renaud, C. Vincent, W. Wittich, K. Reidel, A. Raad, C. Auger & the MOVIT-VISION research team. *Gerontechnology 25(s)*

Purpose The goal of this study was to identify the key factors that support the development of digital educational resources (DER) for older adults who use low-vision assistive technologies (LVAT) in a telerehabilitation context. **Method** A participatory co-construction design engaged end-users—low-vision clinicians—in evaluating DER for LVAT users. Seven clinicians (five low-vision therapists, two optometrists) from five Canadian rehabilitation centers reviewed existing DERs (videos and PDFs) using a modified TRIAGE method comprising three stages: individual review, compilation of the reviews into a structured matrix, and virtual consensus sessions. The individual review collected structured feedback with quantitative ratings, open-ended comments, and standardized assessments of understandability and actionability (PEMAT) of each resource. The consensus sessions prioritized revisions (Keep, Remove, Modify, Create) and systematically selected the most clinically relevant and actionable DERs based on stakeholder expertise and existing evidence. All transcripts and materials were analyzed using inductive thematic content analysis with line-by-line coding, theme development, dual coding with iterative comparison. **Results** PEMAT understandability ranged from 19% to 100% (mean ≈ 77%) and actionability ranged from 20% to 100% (mean ≈ 63%). Four overarching categories—**WHAT, WHY, CONTEXT, and WHO**—summarized clinicians' priorities when evaluating DERs. **WHAT** reflected essential content elements, such as step-by-step demonstrations of focal distance and lighting. **WHY** captured the clinical rationale behind their choices, including simplicity for older adults, feasibility across devices, efficiency of use, and alignment with functional outcomes such as posture and reduced fatigue. **CONTEXT** highlighted the need to integrate the digital educational resources within clinical workflows by balancing general principles with device-specific guidance. **WHO** emphasized the importance of tailoring DERs to different audiences—clients, caregivers, and clinicians—a distinction viewed as essential to avoiding information overload and ensuring usability. Across all themes, clinicians consistently prioritized concise, visually clear, and demonstration-rich DERs that explicitly link instructions to their clinical purpose. **Discussions** These findings provide a structured foundation for developing technology-enabled DERs to support telerehabilitation for aging adults with low vision. Clinicians' emphasis on clear demonstrations, simplified instructions, and visually accessible formats aligns with prior evidence showing that instructional clarity and reduced cognitive load improve AT learning and adherence among older adults[1]. The identified need to tailor digital educational resources to different audiences—clients, caregivers, and clinicians—echoes recommendations for user-centred design in digital health and telerehabilitation[2]. Likewise, clinicians' preference for workflow-aligned materials corresponds with research highlighting the importance of integration into clinical practice to support successful AT implementation[3]. Taken together, the WHAT–WHY–CONTEXT–WHO themes form a clinically grounded framework that can guide the creation of concise, demonstration-rich DERs embedded within digital care pathways. Such resources have the potential to streamline remote follow-up, reduce service burden, and enhance autonomy and functional outcomes for older adults using low-vision ATs[4]. The next steps will involve the feedback of older adults about these resources and will contribute to the broader field of gerontechnology by proposing a scalable, clinician-endorsed model for digital resource evaluation and co-design.

Keywords: Educational Resources, Assistive Technology, Telerehabilitation, Qualitative Study, Follow-up
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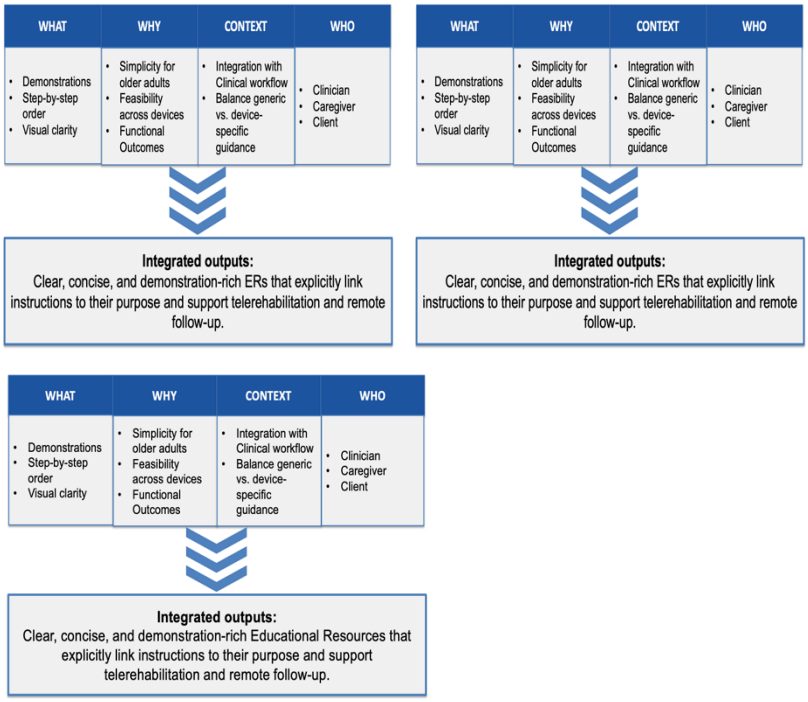

Figure 1: Clinically grounded framework derived from thematic analysis