Wheeled Mobility Seating Evaluation

PATIENT INFORMATION

Name	DOB	Sex	Date	Time
Address	City		State	ZIP
Phone #	Spouse/Parent/Caregiver Name			Phone #
Medical Record #	Physician	MD NPI #		MD Phone #
Therapist	1° Insurance/Payor	Policy #		
D/C Date	2° Insurance/Payor	Policy #		

The following supplier ATP was present and participated in this evaluation and recommendation

Supplier Company	Phone #

Reason for Referral ☐ Current w/c no longer meets needs ☐ Current w/c beyond repair ☐ Non-ambulatory
☐ Ambulation not independent, safe or timely ☐ Other

Patient Goals

Caregiver Goals

Specify Mobility Limitations that May Affect Care
☐ See FMA in Medical Record

MEDICAL HISTORY

Diagnosis

ICD10 Code	1° Dx Onset	ICD10 Code	Diagnosis
ICD10 Code	Diagnosis	ICD10 Code	Diagnosis

☐ Progressive Disease Relevant Past and/or Future Surgeries ☐ Bone ☐ Skin ☐ Muscle ☐ Joint ☐

Height in	Weight lb	Explain recent changes or trends in weight

Pertinent Medical History

Autonomic System Comments

☐ Intact ☐ Impaired ☐ Hx of Autonomic Dysreflexia ☐ Hx of Thermoregulatory Dysfunction ☐

Cardiac Status

Resting HR/Pulse bpm	Resting BP / mmHg	Comments

Functional Limitations

☐ Intact ☐ Impaired ☐ Severely Impaired ☐ Pace Maker ☐ Cardiac Precautions ☐ Hx of MI ☐ Hx of A-fib
☐ Hx of Tachycardia / Bradycardia ☐ Hx of Orthostatic Hypotension ☐ Syncope ☐ Other

Respiratory Status

Resting Resp. Rate bpm	Resting O_2 Sat. %	Comments

☐ Intact ☐ Impaired ☐ SOB ☐ O_2 PRN L/Min. ☐ O_2 Dep L/Min. ☐ Ventilator Dep
☐ Hx of Chronic Congestion ☐ Other

Medications that may affect mobility/positioning
☐ See medication list in Medical Record

Prosthetics, Orthotics and/or Splints Used

Patient Name:

CURRENT MOBILITY ASSISTIVE EQUIPMENT (MAE) / SEATING

Current Mobility Device ☐ None ☐ Cane ☐ Walker ☐ Stroller ☐ Manual w/c ☐ M w/ tilt ☐ M w/ recline
☐ Scooter ☐ Power w/c ☐ P w/ tilt ☐ P w/ recline ☐ P w/ tilt & recline ☐ P w/ seat elevator ☐ P w/ stand

Manufacturer	Model	Type of control
Serial #	Color	Age	Additional Components
Seat Height in	Seat Width in	Seat Depth in	Condition of Current Mobility Device

Problems with Current Mobility Device

Current Seating System | Age of Seating System mo

Component	Manufacturer / Condition / Problems
Seat Base	
Mounting Hardware	
Cushion	
Pelvic Support	
Lateral Thigh / Knee Support	
Medial Knee Support	
Foot Support	
Foot Strap / Heel Loop	
Mounting Hardware	
Lateral Trunk Supports	
Chest / Shoulder Support	
Head Support	
Mounting Hardware	
UE Support	
Other	

When Relevant | Overall W/C Length | Overall W/C Width | Overall W/C Height

This section was completed by ☐ Physician/Clinician ☐ Supplier ATP ☐ Supplier ATP on a separate document

Is the current mobility device meeting the patient's physical, functional, environmental and medical needs? ☐ Yes ☐ No

Comments

HOME ENVIRONMENT

Setting ☐ Rural ☐ Urban ☐ Suburban ☐ Paved Roads ☐ Sidewalks ☐ Rough Terrain ☐ Other

Type ☐ House ☐ Condo/Town Home ☐ Apartment ☐ Assisted Living ☐ LTCF ☐ SNF ☐ Own ☐ Rent

☐ Lives Alone / No Caregivers ☐ Lives Alone / Caregiver Asst ☐ Lives with Caregiver(s) | Hours Home Alone hrs

Comments

Home is Wheelchair Accessible ☐ Yes ☐ No | Storage of Wheelchair ☐ In Home ☐ Other

Stairs ☐ Yes ☐ No | Ramp ☐ Yes ☐ No | Degree Incline | Thresholds ☐ Yes ☐ No Height

Surfaces ☐ Carpet (describe) ☐ Tile ☐ Wood ☐ Stone / Brick ☐ Other

Non-accessible areas in home

Comments

This section was completed by ☐ Physician/Clinician ☐ Supplier ATP ☐ Supplier ATP on a separate document

Patient Name:

COMMUNITY ENVIRONMENT

Employment / Volunteer ☐ N/A ☐ Specific requirements pertaining to mobility

School ☐ N/A ☐ Specific requirements pertaining to mobility

Other Community Mobility ☐ Medical Appointments ☐ Religious ☐ Civic Duties ☐ IADLs ☐ Other
☐ N/A ☐ Specific requirements pertaining to mobility

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TRANSPORTATION

☐ Car ☐ Van ☐ SUV / Truck ☐ Public Transportation ☐ School Bus ☐ Van Service ☐ Ambulance
☐ Other

Vehicle Adaptations

☐ None ☐ Ramp ☐ Lift ☐ Hand controls ☐ Other

☐ Tie Downs Type ☐ Lock-down System Type

Method of Riding

☐ Rides in w/c ☐ Rides in vehicle seat / car seat ☐ Self drives from w/c ☐ Self drives in driver's seat ☐ Other

Storage

Where is w/c stored during transport? ☐ N/A ☐ Front Seat ☐ Back Seat ☐ Trunk/Bed/Cargo area ☐ Vehicle lift ☐ Other

Size of area needed for transport W ft L ft D ft If necessary, client/caregiver can load/unload equipment into vehicle ☐ Y N ☐

Vehicle Dimensions

Door Height ft in Door Width ft in Inside Height ft in

Ramp Dimensions W ft L ft D ft Weight Capacity lbs Other

This section was completed by ☐ Physician/Clinician ☐ Supplier ATP ☐ Supplier ATP on a separate document

CURRENT MRADL STATUS

Getting to the location where the ADL is performed with present MAE

	Indep without MAE	Indep with current MAE	Assist with current MAE	Unable/Dep with current MAE	N/A	Comments / Equipment
Dressing	☐	☐	☐	☐	☐	
Eating	☐	☐	☐	☐	☐	
Grooming/Hygiene	☐	☐	☐	☐	☐	
Toileting	☐	☐	☐	☐	☐	
Bathing	☐	☐	☐	☐	☐	
IADLS	☐	☐	☐	☐	☐	

Bowel Management

☐ Continent ☐ Incontinent ☐ Accidents ☐ Protective Undergarments ☐ Colostomy ☐ Bowel Program

Comments

Bladder Management

☐ Continent ☐ Incontinent ☐ Accidents ☐ Protective Undergarments ☐ Urinal / Bed Pan / Commode
☐ Intermittent Catheterization ☐ Indwelling Catheter ☐ External / Condom Catheter ☐ Supra-Pubic Catheter

Comments

Describe what was changed to require new and/or different mobility assistive equipment

Patient Name:

PHYSICAL / FUNCTIONAL EVALUATION

VERBAL COMMUNICATION

1º Language | 2º Language

Communication provided by ☐ Patient ☐ Family/Caregiver ☐ Translator ☐ AAC ☐ Other

☐ WFL Receptive ☐ WFL Expressive ☐ Understandable ☐ Difficult to Understand ☐ Non-communicative

☐ Non-Verbal Communicator - Method ☐ Augmentative Communication Device Manufacturer/Model

☐ AAC Mount Needed | Type

PROCESSING SKILLS

Visual Processing	☐ Intact	☐ Impaired	☐ Compensated	Comments
Motor Planning & Execution	☐ Intact	☐ Impaired	☐ Compensated	Comments
Safety Awareness of Self/Others	☐ Intact	☐ Impaired	☐ Compensated	Comments
Attention to Environment	☐ Intact	☐ Impaired	☐ Compensated	Comments
Behavioral Status	☐ Intact	☐ Impaired	☐ Compensated	Comments

Additional comments regarding processing skills and ability to safely use wheelchair

PAIN, SENSATION & SKIN INTEGRITY

Sensation

☐ Intact ☐ Impaired ☐ Absent ☐ Hyposensate ☐ Hypersensate Locations

Comments

Pressure Relief

Able to perform effective pressure relief/reperfusion at seated surface ☐ Yes ☐ No

Method ☐ Stand up (indep, w/o risk of falling) ☐ Lean side-to-side (w/o risk of falling) ☐ W/C push-up (4+ times/hour for 15+ sec.)

Pressure relief method(s) performed consistently throughout the day ☐ Yes ☐ No If no, why not?

Uses seat functions to perform pressure relief ☐ Yes ☐ No | Pressure Map Results ☐ N/A ☐ On File

Hx of Pressure Injury ☐ Yes ☐ No | Location(s) | When

Limited Sitting Tolerance ☐ Yes ☐ No | Hours per Day

Hx of Skin/Flap Surgery ☐ Yes ☐ No | Location(s) | When

Comments

Skin Integrity

Current Skin Integrity ☐ Intact ☐ Red Area ☐ Open Area | Location(s) | Sizes

☐ Scar Tissue ☐ At Risk - Prolonged Sitting

Risk Factors for Skin

Braden Score, if administered (Braden Scale is used for individuals who are bedridden - not for seated persons)

☐ Bony prominences ☐ Immobility ☐ Incontinence ☐ Impaired nutritional or hydration status ☐ Aging skin ☐ Compromised circulatory status

☐ Tendency towards moisture build up (profound respiration, skin folds) ☐ Other

Complaint of Pain

Severity (No Pain) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 (Worst)

Location(s)

How does pain affect mobility, sitting, and/or ADLs?

Patient Name:

STRENGTH / RANGE OF MOTION

Gross Overall Strength						Gross Range of Motion
Upper Extremity			Lower Extremity			Shoulder
☐ Normal (5/5)		☐ -	☐ Normal (5/5)		☐ -	Elbow
☐ Good (4/5)	☐ +	☐ -	☐ Good (4/5)	☐ +	☐ -	Wrist
☐ Fair (3/5)	☐ +	☐ -	☐ Fair (3/5)	☐ +	☐ -	Hand
☐ Poor (2/5)	☐ +	☐ -	☐ Poor (2/5)	☐ +	☐ -	Hip
☐ Trace (1/5)	☐ +	☐ -	☐ Trace (1/5)	☐ +	☐ -	Knee
☐ No Movement	☐ +	☐ -	☐ No Movement	☐ +	☐ -	Ankle
☐ Manual Muscle Test on file/limitations noted on pages 6/7						☐ Goniometric Measurements on file/limitations noted on pages 6/7

Comments

BALANCE

Static Sitting			Dynamic Sitting			Static Standing			Dynamic Standing		
☐ Independent		☐ -	☐ Independent		☐ -	☐ Independent		☐ -	☐ Independent		☐ -
☐ Min Assist	☐ +	☐ -	☐ Min Assist	☐ +	☐ -	☐ Min Assist	☐ +	☐ -	☐ Min Assist	☐ +	☐ -
☐ Mod Assist	☐ +	☐ -	☐ Mod Assist	☐ +	☐ -	☐ Mod Assist	☐ +	☐ -	☐ Mod Assist	☐ +	☐ -
☐ Max Assist	☐ +	☐ -	☐ Max Assist	☐ +	☐ -	☐ Max Assist	☐ +	☐ -	☐ Max Assist	☐ +	☐ -
☐ Uses UE			☐ Uses UE			☐ Uses UE			☐ Uses UE		
☐ Unable/Dependent			☐ Unable/Dependent			☐ Unable/Dependent			☐ Unable/Dependent		

Comments

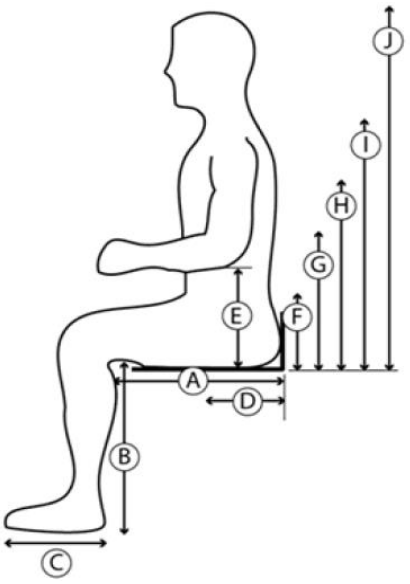
NEURO-MOTOR

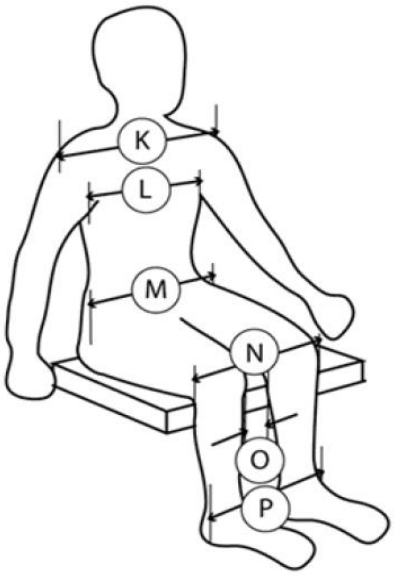
☐ WNL	☐ Dystonia	Modified Ashworth Score (0, 1, 1+, 2, 3, 4)				
☐ Spasticity/Hypertonicity	☐ Primitive Reflexes	☐ Muscle(s) Tested	☐ On File	☐ Noted on pgs 6/7	Score	
☐ Flaccidity/hypotonicity	☐ Tremors					
☐ Fluctuating Tone	☐ Muscle Spasms/Clonus					
☐ Ataxia	☐ Paralysis					
☐ Athetoid Movements	☐					

Comments

Patient Name:

MEASUREMENTS IN SITTING





Comments

	Left	Right		
A Buttock/thigh depth			J Top of Head	
B Lower leg length			K Shoulder width	
C Foot length			L Chest width	
D Ischial Depth			M Hip width	
E Seat to elbow height			N External knee width	
F PSIS height			O Internal knee width	
G Inferior scapular height			P External ankle/foot (widest point)	
H Axilla height				
I Shoulder height (top)				
+ Overall width (asymmetrical width for windswept legs, scoliotic posture or other asymmetry			+ Overall depth (leg length discrepancy, accommodate adipose tissue or other posture	

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Orientation of Seat to Back and Seat to Thigh Supports

Accommodate	☐ Left	☐ Right	☐ Both sides	☐ Left	☐ Right	☐ Both sides	Comments	
Pelvis to thigh angle	☐ Greater than 90°			☐ Less than 90°				
Thigh to trunk angle	☐ Greater than 90°			☐ Less than 90°				
Thigh to calf angle	☐ Greater than 90°			☐ Less than 90°				

Patient Name:

POSTURE IN SITTING

PELVIS

Anterior / Posterior

☐ Neutral ☐ Posterior ☐ Anterior

Obliquity (from behind)

☐ WFL ☐ L Low (Obliquity) ☐ R Low (Obliquity)

Rotation - Pelvis

☐ WFL ☐ Right Anterior ☐ Left Anterior

Tonal Influence Pelvis

☐ Normal
☐ Paralysis
☐ Flaccid
☐ Low tone
☐ High tone
☐ Spasticity
☐ Dystonia
☐ Pelvic thrust
☐

☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

Comments

TRUNK

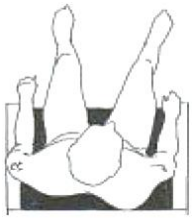
Anterior / Posterior

☐ WFL ☐ ↑Thoracic Kyphosis ☐ ↓Thoracic Kyphosis
☐ ↓Lumbar Lordosis ☐ ↑Lumbar Lordosis

Left / Right

☐ WFL ☐ Convex Left ☐ Convex Right
☐ C-curve ☐ S-curve
☐ Multiple Apex curve(s)

Rotation - Shoulders / Upper Trunk



☐ Neutral ☐ Left-anterior ☐ Right-anterior

Tonal Influence Trunk

☐ Normal
☐ Paralysis
☐ Flaccid
☐ Low tone
☐ High tone
☐ Spasticity
☐ Dystonia
☐ Pelvic thrust
☐

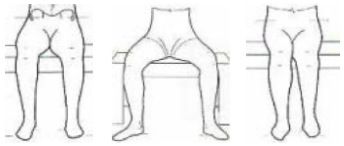
☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

HIPS

Position



☐ Neutral ☐ ABduct ☐ ADduct

Windswept

☐ Neutral ☐ Right ☐ Left

Tone/Movements LE

☐ Normal
☐ Paralysis
☐ Flaccid
☐ Low tone
☐ High tone
☐ Spasticity
☐ Dystonia
☐

☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

☐ Non-Reducible (Fixed)
☐ Partly Reducible
☐ Reducible (Flexible)
↳ ☐ Self ☐ External Force
☐ Tendency away from neutral

☐ Rocks/extends at hip
☐ Kicks into knee extension
☐ Pushes legs downward into footrests
☐ Spasms/tremors with or after movement
☐

Patient Name:

POSTURE IN SITTING

KNEES & FEET

Knees			Feet / Ankles				Edema Scale
WFL	☐ L	☐ R	WFL	☐ L	☐ R	Dorsi-Flexed ☐ L ☐ R	1+ Barely detectible
Limitations	☐ L	☐ R	Limitations	☐ L	☐ R	Plantar Flexed ☐ L ☐ R	2+ Slight indentation
Non-Reducible (Fixed)	☐ L	☐ R	Non-Reducible (Fixed)	☐ L	☐ R		15 sec. to rebound
Partly Reducible	☐ L	☐ R	Partly Reducible	☐ L	☐ R	Inversion ☐ L ☐ R	3+ Deeper indentation
Reducible (Flexible)	☐ L	☐ R	Reducible (Flexible)	☐ L	☐ R	Eversion ☐ L ☐ R	30 sec. to rebound
Tendency away neutral	☐ L	☐ R	Tendency away neutral	☐ L	☐ R		4+ > 30 sec. to rebound
Edema + L		+ R	Edema + L (fig. 8 in.) /		+ R (fig. 8 in.)		

HEAD & NECK

☐ Functional

☐ Flexed ☐ Rotated Left ☐ Lat Flexed L

☐ Extended ☐ Rotated Right ☐ Lat Flexed R

☐ Good Head Control

☐ Adequate Head Control ☐ Limited Head Control ☐ Absent Head Control ☐ Cervical Hyperextension

☐ Non-Reducible (Fixed) ☐ Partially Reducible ☐ Reducible (Flexible)

☐ Tendency away from neutral ☐ Self ☐ External force

Describe Tone/Movement of Head and Neck

ARMS

Shoulders			Elbows / Forearms			Functional Reach (in.)	Right	Left	Tonal Influence Up Extrem. UEs
Functional	☐ L	☐ R	Functional	☐ L	☐ R				☐ Paralysis
Elevated	☐ L	☐ R	Flexed	☐ L	☐ R	Sitting			☐ Flaccid
Depressed	☐ L	☐ R	Extended	☐ L	☐ R	Elevated			☐ Low tone
Protracted	☐ L	☐ R	Pronated	☐ L	☐ R	Standing			☐ High tone
Retracted	☐ L	☐ R	Supinated	☐ L	☐ R				☐ Spasticity
Subluxed	☐ L	☐ R		☐ L	☐ R				☐ Dystonia
Rotated	☐ L	☐ R		☐ L	☐ R				☐
Non-Reducible (Fixed)	☐ L	☐ R	Non-Reducible (Fixed)	☐ L	☐ R	☐ Good UE movement/control			Specific Strength/ROM Issues
Partially Reducible	☐ L	☐ R	Partially Reducible	☐ L	☐ R	☐ Functional UE movement/control			
Reducible (Flexible)	☐ L	☐ R	Reducible (Flexible)	☐ L	☐ R	☐ Limited UE movement/control			
Tendency a/f neutral	☐ L	☐ R	Tendency a/f neutral	☐ L	☐ R	☐ Absent UE movement/control			

WRISTS & HANDS

Wrists			Hands / Fingers				
Functional	☐ L	☐ R	Functional	☐ L	☐ R	Handedness ☐ L ☐ R	
Flexed	☐ L	☐ R	Flexed	☐ L	☐ R		
Extended	☐ L	☐ R	Extended	☐ L	☐ R	Grip Strength L	#
Deviated (describe)	☐ L	☐ R	Deviated (describe)	☐ L	☐ R	Grip Strength R	#
Non-Reducible (Fixed)	☐ L	☐ R	Non-Reducible (Fixed)	☐ L	☐ R		
Partially Reducible	☐ L	☐ R	Partially Reducible	☐ L	☐ R	Edema L	+
Reducible (Flexible)	☐ L	☐ R	Reducible (Flexible)	☐ L	☐ R	Edema R	+
Tendency a/f neutral	☐ L	☐ R	Tendency a/f neutral	☐ L	☐ R		

Patient Name:

MOBILITY EVALUATION

TRANSFERS & AMBULATION

Transfers

- ☐ Independent
- ☐ Standby/Contact Assist
- ☐ Min Assist
- ☐ Mod Assist
- ☐ Max Assist
- ☐ Dependent

Ambulation

☐ Indep. ft. ☐ w/ device ☐ w/o device

Check all that apply

- ☐ Smooth / Level Surfaces
- ☐ Carpet
- ☐ Uneven Terrain
- ☐ Curbs, Stairs
- ☐ Ramps/Inclines
- ☐ Other

☐ Standby Asst/Supervision	☐ w/ device	☐ w/o device
☐ Contact Guard	☐ w/ device	☐ w/o device
☐ Min Physical Asst	☐ w/ device	☐ w/o device
☐ Mod Physical Asst	☐ w/ device	☐ w/o device
☐ Max Physical Asst	☐ w/ device	☐ w/o device

↳ Distance ft

☐ Dependent / Unable to Ambulate

Transfer Method

- ☐ Stand Pivot
- ☐ Sit/Squat Pivot
- ☐ Sliding Board
- ☐ Lift / Sling Required
- ☐ Recommend transfer training

Comments

Timed Up and Go Test sec. [60-69 yo. = 8.1 sec (7.1-9.0), 70-79 yo. = 9.2 sec (8.2-10.2), 70-99 yo. = 11.3 sec (10.0-12.7)]

Fall History Number of falls in the past 6 months Number of "near" falls in the past 6 months

Explain why Patient is Non-Ambulatory or not a Functional Ambulator

- ☐ Cardiac System
- ☐ Circulatory System
- ☐ Musculoskeletal System
- ☐ Neuromuscular System
- ☐ Pulmonary System
- ☐

Comments

WHEELCHAIR SKILLS (Shown by Trial)

	Indep	Assist	Dep Unable	N/A*
Manual W/C Propulsion	☐	☐	☐	☐

☐ Safe ☐ Timely Distance ft

Device trialed

☐ *MWC ruled out due to (below)

- ☐ Able to propel the MWC forward
- ☐ Able to propel the MWC in reverse
- ☐ Able to propel the MWC turning left/right
- ☐ Recommend MWC skills training
- ☐ Recommend dependent MWC (stroller / tilt in space)

Method

Arm ☐ Left ☐ Right ☐ Both

Foot ☐ Left ☐ Right ☐ Both

Features Required of Optimally Configured MWC

	Indep	Assist	Dep Unable	N/A*
Operate Scooter (POV)	☐	☐	☐	☐

☐ Safe ☐ Timely Distance ft

Device trialed

☐ *POV ruled out due to (below)

- ☐ Inability to safely transfer indep
- ☐ Inability to sit in and use POV
- ☐ Inability to operate the tiller
- ☐ Home does not support its use
- ☐ Other

- ☐ Able to operate the POV forward
- ☐ Able to operate the POV in reverse
- ☐ Able to operate the POV turning left/right
- ☐ Able to transfer to/from POV independently
- ☐ Able to sit on and operate POV independently
- ☐ Recommend POV skills training

Comments

Features Required for Safe Use of POV

Patient Name:

WHEELCHAIR SKILLS (Shown by Trial)

	Indep	Assist	Dep Unable	N/A*				
Operate PWC	☐	☐	☐	☐	☐ Safe	☐ Timely	Distance	ft

Device trialed

☐ *PWC ruled out due to (below)

☐ Lower lever equipment meets patient's current mobility needs

☐ Other

☐ Able to operate the PWC forward

☐ Able to operate the PWC in reverse

☐ Able to operate the PWC turning left/right

☐ Recommend PWC skills training

Comments

Features Required for Safe Use of PWC

EQUIPMENT TRIALS & RESULTS

Summary: The least costly alternative for safe, functional and independent mobility was found to be:

☐ Crutch / Cane ☐ Walker ☐ Manual w/c ☐ Dependent care mobility device (stroller / tilt-in-space)

☐ Manual w/c with power assist ☐ Scooter ☐ Standard Power w/c ☐ Complex Rehab power w/c

Goals for Wheelchair Mobility

☐ Independence with mobility in the home with mobility related ADLs (MRADLs)

☐ Independence with mobility at school, work and/or in the community

☐ Dependent mobility for safe transport

☐ Other

☐ Provide Independent Pressure Relief

☐ Provide Tilt to facilitate pressure relief, postural control, and physiological functioning

☐ Provide recline to facilitate pressure relief, postural control, physiological functioning, ADL care

Comments

Goals for Seating System

☐ Accommodate client's posture - Current seated postures and positions are not reducible or will not tolerate corrective forces

☐ Enhance physiological function such as breathing, swallowing, digestion and/or bowel/bladder elimination

☐ Optimize pressure re-distribution

☐ Provide support needed to facilitate function or safety

☐ Provide corrective forces to assist with maintaining or improving posture

☐ Client to be independent with relieving pressure in the wheelchair

☐ Enhance physiological function such as breathing, swallowing, digestion and/or bowel

☐ Other

Comments

EQUIPMENT RECOMMENDATIONS & JUSTIFICATION

Mobility Base	Justification	
Manufacturer	☐ Provide transport from point A to B	☐ Non-ambulatory / cannot walk
Model	☐ Promote independent mobility	☐ Width / depth necessary to accom. anatomical meas.
Color	☐ Not a safe, functional ambulator	☐ Equipment is a lifetime medical need
Seat Width	☐ Walker or cane inadequate	☐
Seat Depth		
Seat to Floor Height		
Can be grown to		
Length of need		

Patient Name:

EQUIPMENT RECOMMENDATIONS & JUSTIFICATION

Mobility Base	Justification
☐ **Standard Manual Wheelchair Base** ☐ **Travel Base** ☐ **Dependent Base**	☐ Non-functional ambulator ☐ Able to self-propel in residence ☐ Unable to self-propel in residence ☐ Non-ambulatory / cannot walk ☐
☐ **Lightweight Manual Wheelchair**	☐ Medical condition / weight of w/c affect ability to self-propel standard MWC ☐ Self-propulsion ☐ Marginal propulsion skills - can and does self-propel ☐ Wheelchair fits throughout house ☐ Willing and motivated to use ☐ Seat to floor height required to foot propel ☐
☐ **High-strength Lightweight MWC** ↳ ☐ **Hemi-height**	☐ Requires features not available on a lightweight manual w/c ☐ Medical condition / weight of w/c affect ability to self-propel standard MWC ☐ Self-propulsion ☐ Full-time daily use ☐ Lower seat to floor height required to foot propel ☐ Short stature ☐ Requires a specific seat width, depth or height ☐ Willing and motivated to use ☐ Required to load w/c into vehicle ☐
☐ **Ultra-lightweight MWC** Axle Position Adjustment Required **Vertical** ☐ UE biomechanics (100° - 120° elbow flexion) ☐ Seat slope (dump) for propul., balance or pelvic stab. **Horizontal** ☐ Stroke length ☐ Reduce weight on casters **Rotational** ☐ Lateral stability	☐ Full-time manual w/c user requiring individualized fitting and adjustments for multiple features that cannot be provided on a standard, lightweight or high-strength lightweight w/c ☐ Improved UE access to wheels ☐ Reduce UE overuse injury ☐ Full-time w/c user for ADLs ☐ Increase ability to perform high-level wheelchair skills ☐ Amputee placement ☐ Improved postural stability by changing angle ☐ Change axle position with increased proficiency of use ☐ Allow seat to back angle changes ☐ Adjust center of gravity ☐ Increase stability in wheelchair ☐ Increase growth adjustability due to axle changes ☐ Decrease footprint of w/c for increased maneuverability ☐ ☐
☐ **Heavy-duty MWC** ☐ **Extra Heavy-duty MWC**	☐ Accommodate user weight ☐ Broken frame on previous chair ☐ Extreme Tone ☐ Excessive movement ☐ ☐
☐ **Stroller Base**	☐ Infant / child ☐ Unable to propel MWC ☐ Independent mobility is not a goal currently ☐ Unable to safely operate a PMD ☐ Non-functional ambulator ☐ Non-functional UE ☐ ☐
☐ **Power Assist**	☐ Requires conservation of energy to participate in MRADLs ☐ Home of transportation does not accommodate a power w/c ☐ Cannot functionally operate a manual wheelchair ☐ Shoulder pain during manual w/c propulsion ☐ Less expensive option to POV/PWC ☐ Repetitive strain injury in shoulder girdle ☐ Unable to propel up ramps or curbs using manual w/c ☐ Unwilling to use power w/c ☐ Has been using ultralight w/c base more than a year ☐
☐ **Scooter / POV**	☐ Non-ambulatory ☐ Non-functional ambulator ☐ Cannot functionally propel MWC ☐ Has adequate trunk stability ☐ Can safely operate and is willing to ☐ Can safely transfer ☐ Home environment supports use ☐

Patient Name:

EQUIPMENT RECOMMENDATIONS & JUSTIFICATION

Mobility Base	Justification
☐ **Power Wheelchair** ↳ ☐ **Group 1 PWC** ☐ **Group 2 PWC** ☐ **Group 3 PWC** - Required for suspension to ↳ ☐ Minimize pain ☐ Manage tone/spasticity ☐ Mitigate reflex activity ☐ Maintain balance/upright sitting ☐ Maintain posture/position/head control ☐ Maintain contact with drive control ☐ ☐ **Group 4 PWC** ☐ **Group 5 PWC** - For pediatric use	☐ Non-ambulatory ☐ Non-functional ambulator ☐ Cannot functionally propel MWC ☐ Cannot functionally and/or safely operate scooter/POV ☐ Home environment does not support the use of a POV ☐ Home environment supports use of power wheelchair ☐ Can safely operate and is willing to ☐ Can safely transfer/be transferred ☐ Requires speed adjustability ☐ ☐ Requires torque adjustability ☐ Requires sensitivity adjustability ☐ Requires acceleration adjustability ☐ Requires braking adjustability ☐ Requires expandable electronics ☐ Requires alternative drive control ☐ Required to negotiate an incline of ☐ Required to negotiate obstacles/threshold of ☐ Required to traverse distances/terrain

Seat Functions / Position Changes	Justification
☐ **Tilt Base or Tilt Feature Added** ☐ Forward ☐ Rearward ☐ Lateral ☐ Powered tilt on power chair ☐ Powered tilt on manual chair ☐ Manual tilt on manual base ☐ Manual tilt on power base	☐ Change position against gravitational force on head / trunk ☐ Change position for pressure redistribution / cannot weight shift ☐ Improve chewing, swallowing and/or digestion ☐ Rest periods / inability to transfer out of chair for rest ☐ Minimize risk of aspiration ☐ Manage tone / spasticity ☐ Assist / maintain postural alignment ☐ Decrease respiratory distress ☐ Facilitate visual orientation ☐ Manage autonomic dysreflexia ☐ Decrease pain ☐ Facilitate postural control ☐ Manage orthostatic hypotension ☐ Blood pressure management ☐ Maintain vital organ capacity ☐ Increase sitting tolerance ☐ Facilitate safe transfers ☐
☐ **Recline** ☐ Semi (> 15° but < 80°) ☐ Full (> 80°) ☐ Power recline on power base ☐ Power recline on manual base ☐ Manual recline on manual base ☐ Manual recline on power base	☐ Manage bowel/bladder/catheter care, intermittent catheterization, undergarment, change ☐ Use in conjunction with elevating leg rests to raise LE above heart to manage edema ☐ Use in conjunction with tilt for optimal pressure distribution, tilt alone does not accomplish effective pressure relief ☐ Full pressure redistribution/cannot weight shift ☐ Recumbent rest periods and sleeping in wheelchair ☐ Accommodate femur to back angle ☐ Maintain muscle length/joint ROM ☐ Head/neck positioning/support ☐ Repositioning ☐ Participation in ADL care ☐ Manage tone/spasticity ☐ Increase sitting tolerance ☐ Facilitate postural control ☐ Blood pressure management ☐ Improve circulation ☐ Decrease respiratory distress ☐ Facilitate safe transfers ☐ Decrease pain ☐
☐ **Power Anterior Tilt** ☐ **Power Adj. Seat Height** ☐ **Power Standing Feature**	☐ Provide pressure distribution away from scapula, sacrum, coccyx, and ischial tuberosities ☐ Minimize over shoulder reach & risk for overuse injury ☐ Drive at elevated height for improved line of sight/safety ☐ Minimize risk of fall/injury in transfers ☐ Facilitate level eye position while communicating ☐ Support educational/vocational goals ☐ Decrease hyper lordotic neck position ☐ Increase independence in ADLs ☐ Increase functional reach ☐ Improve bathroom function and safety ☐ Increase dependence in transfers ☐ Increase weight bearing ☐ Decrease joint contractures ☐ Minimizing eliciting STNR ☐ Decrease pain ☐ Improve digestion and elimination ☐

Patient Name:

EQUIPMENT RECOMMENDATIONS & JUSTIFICATION

Seat Functions / Position Changes	Justification
☐ **Power Leg Elevation**	☐ Increase ground clearance over thresholds, curbs or uneven terrain
☐ Center mount foot platform	☐ Center mount tucks into chair to decrease turning radius in the home - not available with ELRs
☐ Center mount foot platform w/ articulation	☐ Position LEs at 90° when upright, not available with standard power ELRs
☐ Elevating legrests	☐ Indep. operation of ELRs needed, not available with center mount
☐ Elevating legrest w/ articulation	☐ Physically unable to operate manual elevating leg rests ☐ Elevate Les during tilt, recline or tilt and recline
	☐ Maintain LE muscle length/joint ROM ☐ Maintain feet on footplate
	☐ Improve circulation ☐ Manage LE edema ☐

Additional Information on Power Seating Functions

PWC Electronics	Justification
Control/Input Device	☐ Provides access for controlling pwc
☐ Proportional	☐ Required as part of an expandable system
Joystick (below)	☐ Unable to generate sufficient force to operate a standard joystick
↳ ☐ Standard ☐ Expandable ☐ Specialty	☐ Limited movement/strength to operate a standard joystick
Control (below)	☐ Required to operate the pwc with the head, chin or other body part
↳ ☐ Head ☐ Chin ☐ Other extremity	☐ Unable to use a standard joystick handle
☐ Specialty joystick handle ☐	☐ Lacks motor control to operate proportional drive control
☐ Non-proportional	☐ Unable to understand prop. controls
↳ ☐ Electrical switches ☐ Mechanical switches	☐ Lacks UE function for prop. controls
☐ Head array ☐ Sip and puff	☐ Needed to operate control using air pressure through straw, tube or wand
☐	☐ Progressive disease/changing condition
☐ Combination	☐
↳ ☐ Head array sip and puff ☐	
☐ Other	
↳ ☐	
Body part(s)	
↳ ☐ Left ☐ Right	
☐ **Expandable Controller / Wire Harness**	☐ Required for proper set-up of electronics with multiple power seat functions (≥ 3 actuators)
	☐ Harness is required with an expandable controller to provide necessary connectors for operation
☐ **Through drive control operation of power seat functions**	☐ Required to operate one power seat function with an alternative drive control device
	☐ Required to operate two or more power seat functions with an alternative drive control device
	☐ Uses a joystick and is unable to operate a switch throughout the full range of tilt or recline
	☐ Uses a joystick and is unable to operate a switch throughout the full range of two or more power seat functions
	☐
☐ **Display Box**	☐ Necessary for alternative controls ☐ Allows user to see mode/drive profile
☐ **Tracking Technology**	☐ Minimize the need for excessive movements to drive the chair over thresholds and on uneven surfaces
	☐ Required for use with non-proportional drive control to minimize the need for excessive drive commands
	☐ Lack of [select below] to make constant corrections to safely progress in a straight line forward
	↳ ☐ Strength ☐ Endurance ☐ Coordination
	☐

Patient Name:

EQUIPMENT RECOMMENDATIONS & JUSTIFICATION

PWC Electronics	Justification
☐ **Mount for Switches** ☐ **Mount for Joystick**	☐ Swing away for safe transfers ☐ Attaches joystick, switches to w/c ☐ Provides for consistent access ☐
☐ **Attendant Controlled Joystick and Mount**	☐ Allow caregiver to control wheelchair in case of medical emergency or chair malfunction ☐ User is no longer able to operate drive control device throughout the day ☐ Allow age/developmentally appropriate assistance when driving ☐ User requires assistance for safety in unfamiliar environments ☐ Compliance with transportation regulations ☐
☐ **Batteries / Charger**	☐ Required to power base ☐ Charge battery for wheelchair
☐ **Ventilator Battery**	☐ Required to power ventilator ☐
☐ **Lights**	☐ Safe operation within the home once dwelling lights are turned off ☐ Increase visibility at night or during inclement weather ☐ Increased safety while crossing street ☐
☐ **Other**	☐

Mobility Base Components	Justification
☐ **Angle Adjustable Back** ☐ **Depth Adjustable Back** ☐ **Height Adjustable Back**	☐ Postural Control ☐ UE function control ☐ Control of tone/spasticity ☐ Accommodate range of motion ☐ Accommodate growth ☐ Accommodate seating growth ☐
☐ **Dynamic Back**	☐ Absorb forces exerted by user to improve durability of equipment ☐ Absorb forces exerted by the user to prevent loss of position in seating system ☐ Provide movement to decrease agitation ☐ Accommodate abnormal involuntary movement ☐ Enhance voluntary movement ☐ Provide sensory input ☐
☐ **Armrests** ☐ Fixed ☐ Adj. height ☐ Removable ☐ Swing away ☐ Flip back ☐ Reclining ☐ Full length ☐ Desk length ☐ Tubular ☐ Waterfall arm pad ☐	☐ Accommodate seat-elbow measurement ☐ Change height / angle for ADLs ☐ Provide support with elbow at 90° ☐ Remove for transfers ☐ Postural control / trunk support ☐ Access to table ☐ Assist with pressure relief ☐ ☐ Allow UEs to move w/ reclining back
☐ **Foot Platform / Footrests / Leg Rests** ☐ One-piece footplate / foot platform ☐ Standard ☐ Tapered ☐ V-style ☐ Center mount ☐ Footrests ☐ 60° ☐ 70° ☐ 80° ☐ 90° ☐ Adjustable knee angle ☐ Dynamic ☐ Heavy duty ☐ Fixed ☐ Removable ☐ Swing-away ☐ Manual elevating ☐ Articulating	☐ Use in conjunction with tilt, recline or tilt and recline to decrease edema ☐ Absorb forces by user to prevent loss of position in seating system ☐ Absorb forces by user to increase durability of equipment ☐ Absorb movement without resistance to control tone ☐ Provide movement to decrease agitation ☐ Provide LE support ☐ Enable safe transfers ☐ Accommodate knee ROM limitation(s) ☐ Provide change in position for legs ☐ Maintain feet on footplate ☐ Maintain muscle length / joint ROM ☐ Independent LE positioning R/L ☐ Manage tone/spasticity ☐ Accommodate involuntary movement ☐ Provide sensory input ☐ Improve circulation ☐
☐ **Foot Support** ☐ Flip up ☐ Fixed / Rigid ☐ Adjustable angle → ☐ R ☐ L ☐ Multi-adj angle → ☐ R ☐ L ☐ Dynamic ☐ Contracture support	☐ Absorb forces by user to prevent loss of position in seating system ☐ Absorb forces by user to increase durability of equipment ☐ Provide foot support with proper pressure distribution ☐ Prevent foot/feet from falling off foot support ☐ Accommodate/facilitate movement ☐ Accommodate ankle ROM ☐ Allow foot to go under w/c base ☐ Facilitate safe transfers ☐ Provide foot support ☐

Patient Name:

EQUIPMENT RECOMMENDATIONS & JUSTIFICATION

Mobility Base Components	Justification
☐ **Propulsion Wheel Size** **Spokes** ☐ Mag ☐ Spokes ☐	☐ Larger wheel improves ability to negotiate thresholds / uneven terrain ☐ Allow seating system to fit on base ☐ Decrease weight for loading into vehicle ☐ Increase access to wheel ☐ Maintenance free ☐ Accommodate seat to floor height ☐ Decrease overall weight of w/c ☐ Increase propulsion ability ☐
☐ **Propulsion Tires** ☐ Pneumatic ☐ Semi-pneumatic ☐ Solid ☐ Flat free inserts ☐	☐ Decrease maintenance ☐ Prevent frequent flats ☐ Increase shock absorbency ☐ User unable to maintain air in tires ☐ Decrease rolling resistance ☐ Decrease pain ☐ Decrease spasms ☐
☐ **Wheel Rims / Hand Rims** ☐ Metal ☐ Plastic coated ☐ Ergonomic Projections ☐ Oblique ☐ Vertical	☐ Increase self-propulsion with hand weakness/decreased grasp ☐ Provide ability to propel wheelchair ☐ Reduce/mitigate Carpal Tunnel syndrome ☐
☐ **Alternative Propulsion Methods** ☐ One armed drive → ☐ R ☐ L ☐ Lever activated ☐ Gear reduction	☐ Enable propulsion of manual wheelchair with one arm ☐ Decrease shoulder pain ☐ Functional use of only one UE ☐ Increase energy efficiency for self-propulsion ☐
☐ **Quick Release Axle**	☐ Allows wheels to be removed to decrease size for storage ☐ Decrease weight for lifting ☐
☐ **Amputee Adapter**	☐ Unable to counterbalance in wheelchair due to loss of LE ☐ Increase rearward stability ☐
☐ **Spoke Protector**	☐ Protect hand/fingers from injury ☐
☐ **Wheel Locks** ☐ Push ☐ Pull ☐ Scissor ☐ Hub ☐ Foot Extension → ☐ R ☐ L	☐ Allows complete wheel clearance in unlocked position to prevent injury during propulsion ☐ Independent in applying wheel locks due to decreased reach or strength ☐ Stabilize wheel for transfers ☐ Lock wheels to prevent rolling ☐
Casters Size ☐ Fixed caster housing ☐ Adjust caster housing ☐ Shock absorbing casters	☐ Keep user weight evenly distributed for decreased energy expenditure ☐ Increase leverage for improved obstacle and transition management ☐ Decrease weight for more effective propulsion ☐ Angle adjustment for postural control
Caster Tires ☐ Pneumatic ☐ Semi-pneumatic ☐ Flat free inserts ☐ Solid ☐ Poly ☐ Soft roll ☐	☐ Decrease fatigue from road shock ☐ Maintenance free / prevent flats ☐ Maneuverability ☐ Stability of wheelchair ☐ Accommodate seat to floor height ☐ Durability ☐ Decrease rolling resistance ☐ Increase shock absorbency ☐ Decrease pain ☐ Decrease spasms ☐
☐ **Shock Absorbers / Suspension**	☐ Decrease vibration ☐ Decrease pain ☐ Decrease spasticity ☐ Increase sitting tolerance ☐
☐ **Specific Seat Height** ↳ Front Back	☐ Foot propulsion ☐ Transfers ☐ Postural stability ☐ Accommodation of lower leg length ☐
☐ **Anti-Tipping Devices**	☐ Minimize risk for rearward displacement / tipping ☐ Minimize risk for forward displacement / tipping
☐ **Side Guards**	☐ Prevent body parts from becoming caught in wheel causing injury ☐ Prevent clothing from getting caught in wheel causing injury ☐ Prevent skin tears / abrasions ☐ Provide hip and pelvic stabilization
☐ **Transportation Tie-Down Option**	☐ Crash tested brackets for safety ☐
☐ **Rear Cane / Push Handles** ☐ Standard ☐ Angle Adjustable ☐ Extended ☐ Dynamic	☐ Allows "hooking" to maintain balance, perform pressure relief and participate in ADLs ☐ Caregiver access ☐ Caregiver assist ☐

Patient Name:

EQUIPMENT RECOMMENDATIONS & JUSTIFICATION

Mobility Base Components		Justification		
☐ **Canopy**		☐ Protect user from the elements	☐ Regulate sensory input	☐ User has light sensitivity
☐ **Crutch / cane holder**	☐ **IV Hanger**	☐ Stabilize ventilator / accessory on wheelchair		
☐ **Cylinder holder**	☐ **Vent tray**	☐ User is dependent on device	☐	

SEATING / POSITIONING COMPONENTS

Component	MFG / Model / Size	Justification		
☐ **Seat Cushion**		☐ Accommodate impaired sensation	☐ Decubitus ulcers present	☐ History of decubitus ulcers
		☐ Increase pressure distribution	☐ Stabilize pelvis	☐ Prevent pelvic extension
		☐ Accommodate obliquity / rotation	☐ Promote hip/femur alignment	☐ Accommodate multiple deformity
		☐		
☐ **Seat Cushion Custom Molded**		☐ Custom seat cushion required "off the shelf" will not accommodate deformity		
		☐		
☐ **Additional Seat Components**		☐	☐	
☐ **Seat Wedge**		☐ Accommodate ROM limitations	☐ Aggressive seat shape to decrease sliding down	
		☐		
☐ **Cover Replacement**		☐ Protect back or seat cushion	☐	
☐ **Seat Board**		☐ Support cushion to prevent hammocking of upholstery		
☐ **Seat Platform**		☐ Accommodate seat to floor height	☐ Attach cushion / back to base	
☐ **Back Board**		☐		
☐ **Back Support**		☐ Provide posterior trunk support	☐ Accommodate deformity	☐ Provide posterior / lateral trunk support
		☐ Accommodate or decrease tone	☐ Facilitate tone	☐ Pressure relief over spinous processes
		☐ Provide lumbar / sacral support	☐ Support trunk in midline	☐
☐ **Back Cushion Custom Molded**		☐ Custom back cushion required "off the shelf" will not accommodate deformity		
		☐		
☐ **Additional Back Components**		☐	☐	

Component	MFG / Model / Size	Justification	
☐ **Mounting Hardware**		☐ Attach seat platform / cushion	☐ Attach back platform / cushion
☐ Seat ☐ Back		☐	
☐ Removable ☐ Fixed		☐ Sensory input	☐ Accommodate / facilitate movement
☐ Swing away ☐ Dynamic		☐	
☐ **Pelvic Positioner**		☐ Specialize pull angle to control tilt, rotation and/or obliquity	
☐ Single belt ☐ Double belt		☐ Neutralize destructive postural tendency	☐ Pad for protection over boney prominence(s)
☐ Specialized belt ☐ SubASIS bar		☐ Stabilize pelvis in neutral rotation	☐ Maintain contact with w/c cushion
☐		☐ Counteract rotation	☐ Counteract obliquity
		☐	
☐ **Lateral Pelvic Support**		☐ Pelvis in neutral	☐ Accommodate tone
↳ ☐ R ☐ L		☐ Accommodate pelvic deformity	☐
☐ **Lateral Pelvic Support Hardware**		☐ Remove / swing-away for safe transfers	
☐ Removable ☐ Fixed		☐ Accommodate / facilitate movement	
☐ Swing away ☐ Dynamic		☐	

Patient Name:

SEATING / POSITIONING COMPONENTS

Component	MFG / Model / Size	Justification
☐ **Lateral Thigh / Knee Support** ↳ ☐ R ☐ L		☐ Position thighs in alignment ☐ Decrease LE abduction ☐ Accommodate windswept deformity ☐
☐ **Lateral Thigh / Knee Support Hardware** ☐ Removable ☐ Fixed ☐ Swing away ☐ Dynamic		☐ Remove / swing-away for safe transfers ☐ Accommodate / facilitate movement ☐
☐ **Medial Thigh / Knee Support**		☐ Decrease adduction ☐ Accommodate windswept deformity ☐ Accommodate ROM limitations ☐
☐ **Medial Thigh / Knee Support Hardware** ☐ Removable ☐ Fixed ☐ Swing away ☐ Dynamic		☐ Remove / swing-away for safe transfers ☐ Accommodate / facilitate movement ☐
☐ **Foot Support** ☐ **Foot Box** ☐ **Shoe Holder(s)** ↳ ☐ R ☐ L		☐ Position foot ☐ Decrease tone ☐ Accommodate deformity ☐ Control position ☐ Provide stability ☐
☐ **Ankle Strap** ☐ **Toe Strap** ☐ **Heel Loops** ☐ **Calf Strap**		☐ Support foot on foot rest ☐ Protect foot ☐ Decrease extraneous movement ☐ Increase stability ☐ Position / support foot ☐ Inhibit abnormal tone patterns ☐ Provide input to heel ☐
☐ **Lateral Thoracic Supports** ↳ ☐ R ☐ L		☐ Decrease lateral trunk leaning ☐ Safety ☐ Accommodate asymmetry ☐ Control of tone / spasticity ☐ Contour for increased contact ☐
☐ **Anterior Chest Strap, Vest, or Shoulder Retractors**		☐ Decrease forward movement of shoulder ☐ Decrease forward movement of trunk ☐ Assistance with shoulder control ☐ Accommodate/facilitate movement ☐ Accommodate of TLSO ☐ Added Abdominal Support ☐ Decrease shoulder elevation ☐ Alignment ☐ Increase trunk stability ☐
☐ **Headrest**		☐ Support during tilt and/or recline ☐ Accommodate ROM limitations ☐ Provide posterior head support ☐ Improve chewing/swallowing ☐ Provide posterior neck support ☐ Improve respiration ☐ Provide lateral head support ☐ Accommodate tone/spasticity ☐ Provide anterior head support ☐ Improve visual orientation ☐ Placement of switches ☐
☐ **Neck Support**		☐ Decrease neck rotation ☐ Decrease forward neck flexion ☐
☐ **Headrest Hardware** ☐ Removable ☐ Fixed ☐ Swing away ☐ Dynamic ☐ Multi-axis adjustable		☐ Help absorb forces by user to increase durability of equipment ☐ Mount headrest swing away lateral head / facial supports ☐ Swing away, flip back or remove for safe transfers ☐ Mount headrest to back / base ☐ Mount anterior head support ☐ Accommodate ROM limitations ☐ Accommodate involuntary movement ☐ Sensory input ☐ Mount switches ☐ Enhance functional movement ☐

Patient Name:

SEATING / POSITIONING COMPONENTS

Component	MFG / Model / Size	Justification
☐ **Upper Extremity Support** ☐ Arm trough → ☐ R ☐ L ☐ Hand support ☐ 1/2 Tray → ☐ R ☐ L ☐ Full Tray ☐ Swivel mount ☐ Joystick cutout ☐ Elbow block → ☐ R ☐ L ☐ Wrist straps → ☐ R ☐ L		☐ Help prevent UE from falling off support during tilt and/or recline ☐ Help prevent UE from striking objects in the environment, prevent injury ☐ Allow proper placement of tray without interference with controller ☐ Access to AAC / Computer / EADL or another AT device ☐ Decrease gravitational pull on shoulder joint ☐ Support midline trunk positioning ☐ Decrease UE edema ☐ Provide support for UE function ☐ Reduce shoulder subluxation ☐ Maintain hand in neutral position ☐ Control tone / spasticity ☐
☐ **Essential Needs Bag or Pouch**		Required to hold, and provide access to medically necessary ☐ Diapers / undergarments ☐ Ostomy and hygiene supplies ☐ Catheter and hygiene supplies ☐ Clothing for changes / weather ☐ Medicine ☐ Special food ☐ Orthotics ☐
☐ **Other**		☐
☐ **Other**		☐
☐ **Other**		☐

ADDITIONAL INFORMATION

Follow-up / Plan of Care

Patient Name Printed	Patient / Caregiver Signature
Caregiver Relationship to Patient / Date	

☐ I, the above signed patient, certify that I am willing to use the recommended equipment

Therapist Name Printed	Therapist Signature
License # / Date	
Supplier Name Printed	Supplier Signature
ATP # / Date	

This is to certify that I, the above signed therapist, have the following affiliations

☐ DME Supplier ☐ Manufacturer of Recommended Equipment ☐ Patient's LTC Facility ☐ None

Therapist email and contact for reviewer (below)

☐ I, below signed physician, concur with the above findings and recommendations of the therapist and supplier

Physician Name Printed	Physician Signature
NPI # / Date	