



Patient Name

**CURRENT SEATING / MOBILITY**

**Current Mobility Base**       None    Stroller    Manual    Manual with tilt    Manual with recline    Scooter  
 Power    Power w/ tilt    Power w/ recline    Power w/ tilt & recline    w/ seat elevator    w/ stand

Type of Control

**Manufacturer**

Model

**Serial #**

Color

Age

Additional Components

Seat Height

Seat Width

Seat Depth

Condition of Current Mobility Base

Problems with Current Mobility Base

Current Seating System

Age of Seating System

COMPONENT	MANUFACTURER / CONDITION
Seat Base	
Mounting Hardware	
Cushion	
Pelvic Support	
Thigh Support	
Knee Support	
Foot Support	
Foot Strap / Heel Loop	
Back	
Mounting Hardware	
Lateral Trunk Supports	
Anterior Chest / Shoulder Support	
Head Support	
Mounting Hardware	
UE Support	
Mounting Hardware	
Other	
Other	

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

Describe Posture in Present Seating System

**CURRENT MRADL STATUS (with present Mobility Assistive Equipment)**

	Indep	Assist	Unable	Indep with Equip	Not assessed	Comments / Equipment
Dressing						
Eating						
Grooming/Hygiene						
Toileting						
Bathing						
IADLS						
Bowel Mngmnt <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Accidents						Comments
Bladder Mngmnt <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Accidents						Comments

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**HOME ENVIRONMENT**

<input type="checkbox"/> House	<input type="checkbox"/> Condo/Town Home	<input type="checkbox"/> Apartment	<input type="checkbox"/> Asst Living	<input type="checkbox"/> LTCF	<input type="checkbox"/> SNF	<input type="checkbox"/> Own	<input type="checkbox"/> Rent
<input type="checkbox"/> Lives Alone / No Caregivers		<input type="checkbox"/> Lives Alone / Caregiver Asst		<input type="checkbox"/> Lives with Caregiver		Hours Home Alone _____	
<input type="checkbox"/> Home is Accessible to Equipment			Storage of Wheelchair		<input type="checkbox"/> In Home <input type="checkbox"/> Other		
Stairs <input type="checkbox"/> Yes <input type="checkbox"/> No		Ramp <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Comments</b>							

**COMMUNITY ADL**

<b>TRANSPORTATION</b>							
<input type="checkbox"/> Car	<input type="checkbox"/> Van	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Adapted W/C Lift	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Other	<input type="checkbox"/> Sits in Wheelchair During Transport	
Where is W/C Stored During Transport?				<input type="checkbox"/> Tie Downs			
<input type="checkbox"/> Self Driver		Drive While in Wheelchair		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Employment</b> Specific requirements pertaining to mobility							
<b>School</b> Specific requirements pertaining to mobility							
<b>Other</b>							

**STRENGTH / RANGE OF MOTION**

Gross Overall Strength		Gross Range of Motion	
Upper Extremity	Lower Extremity	Shoulder	
<input type="checkbox"/> Normal 5 / 5	<input type="checkbox"/> Normal 5 / 5	Elbow	
<input type="checkbox"/> Good 4 / 5	<input type="checkbox"/> Good 4 / 5	Wrist	
<input type="checkbox"/> Fair 3 / 5	<input type="checkbox"/> Fair 3 / 5	Hand	
<input type="checkbox"/> Poor 2 / 5	<input type="checkbox"/> Poor 2 / 5	Hip	
<input type="checkbox"/> Trace 1/ 5	<input type="checkbox"/> Trace 1/ 5	Knee	
<input type="checkbox"/> No Movement	<input type="checkbox"/> No Movement	Ankle	
<input type="checkbox"/> Manual Muscle Test on file		<input type="checkbox"/> Goniometric Measurements on file	
<input type="checkbox"/> Manual Muscle Test not on file		<input type="checkbox"/> Goniometric Measurements not on file	
<input type="checkbox"/> Patient has sufficient strength and range to ambulate and participate in MRADLs.			
<input type="checkbox"/> Patient does not have sufficient strength and range to ambulate and participate in MRADLs.			
<input type="checkbox"/> Patient has sufficient strength and range to propel a manual W/C and participate in MRADLs.			
<input type="checkbox"/> Patient does not have sufficient strength and range to propel a manual W/C and participate in MRADLs.			
<input type="checkbox"/> Patient has sufficient strength and range to operate a POV and participate in MRADLs.			
<input type="checkbox"/> Patient does not have sufficient strength and range to operate a POV and participate in MRADLs.			
<b>Comments</b>			

**BALANCE / ENDURANCE**

Balance		Endurance	
Sitting Balance	Standing Balance		Comments
<input type="checkbox"/> Normal / WFL	<input type="checkbox"/> Normal / WFL	<input type="checkbox"/> Normal	
<input type="checkbox"/> Good / Min Asst	<input type="checkbox"/> Good / Min Asst	<input type="checkbox"/> Good	
<input type="checkbox"/> Fair / Mod Asst	<input type="checkbox"/> Fair / Mod Asst	<input type="checkbox"/> Fair	
<input type="checkbox"/> Poor / Max Asst	<input type="checkbox"/> Poor / Max Asst	<input type="checkbox"/> Poor	
<input type="checkbox"/> Unable / Dependant	<input type="checkbox"/> Unable/ Dependant		
<input type="checkbox"/> Patient has sufficient balance and/or endurance to ambulate and participate in MRADLs.			
<input type="checkbox"/> Patient does not have sufficient balance and/or endurance to ambulate and participate in MRADLs.			
<input type="checkbox"/> Patient has sufficient balance and/or endurance to propel a manual W/C and participate in MRADLs.			
<input type="checkbox"/> Patient does not have sufficient balance and/or endurance to propel a manual W/C and participate in MRADLs.			
<input type="checkbox"/> Patient has sufficient balance and/or endurance to operate a POV and participate in MRADLs.			
<input type="checkbox"/> Patient does not have sufficient balance and/or endurance to operate a POV and participate in MRADLs.			
<b>Comments</b>			

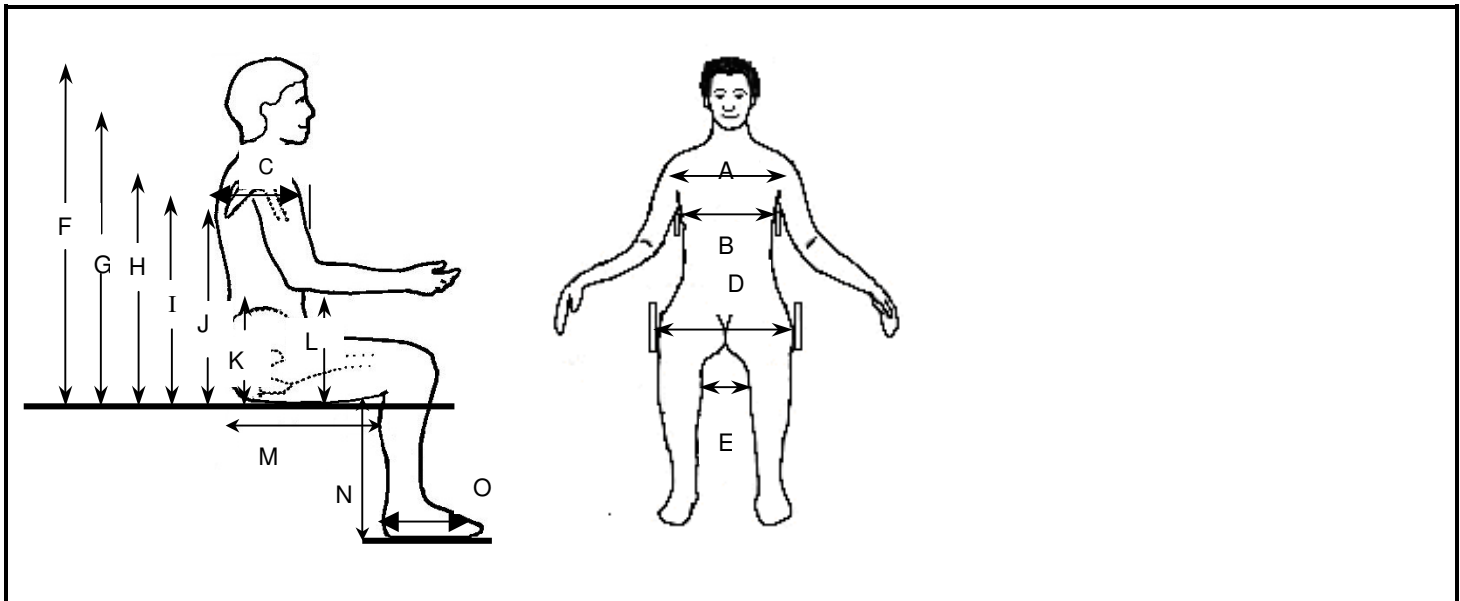


Patient Name \_\_\_\_\_

**WHEELCHAIR SKILLS (Shown by Trial)**

	Indep	Assist	Dependent /Unable	N/A	Comments
Bed ↔ W/C Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Commode ↔ W/C Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual W/C Propulsion	<input type="checkbox"/> UE or LE strength & endurance is sufficient to participate in MRADLs using manual wheelchair <input type="checkbox"/> UE or LE strength & endurance is not sufficient to participate in MRADLs using manual wheelchair				Arm <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both Foot <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Both Distance _____
Operate Scooter	<input type="checkbox"/> Strength, hand grip, balance, control & transfers are appropriate for scooter use. <input type="checkbox"/> Strength, hand grip, balance, control or transfers are not appropriate for scooter use. <input type="checkbox"/> Living environment is appropriate for scooter use. <input type="checkbox"/> Living environment is not appropriate for scooter use.				
Operate Power W/C w/ Std. Joystick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Safe <input type="checkbox"/> Functional Distance _____
Operate Power W/C w/ Alternative Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Safe <input type="checkbox"/> Functional Distance _____

**MAT EVALUATION**




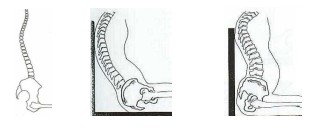
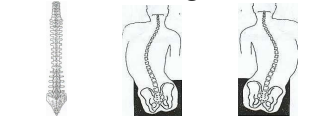

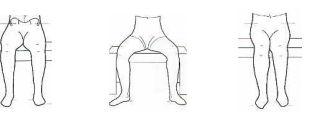



Measurements in Sitting		Left	Right	
<b>A</b>	Shoulder Width			<b>H</b> Seat to Top of Shoulder
<b>B</b>	Chest Width			<b>I</b> Acromium Process (Tip of Shoulder)
<b>C</b>	Chest Depth (Front – Back)			<b>J</b> Inferior Angle of Scapula
<b>D</b>	Hip width			<b>K</b> Seat to Iliac Crest
<b>E</b>	Between Knees			<b>L</b> Seat to Elbow
<b>F</b>	Top of Head			<b>M</b> Upper leg length
<b>G</b>	Occiput			<b>N</b> Lower leg length
<b>++</b>	Overall width (asymmetrical width for windswept legs or scoliotic posture)			<b>O</b> Foot Length

**COMMENTS**

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POSTURE			COMMENTS
<b>P E L V I S</b>	<b>Anterior / Posterior</b>	<b>Obliquity</b>	<b>Rotation-Pelvis</b>
	 <input type="checkbox"/> Neutral <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior  <input type="checkbox"/> Fixed <input type="checkbox"/> Other <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Flexible	 <input type="checkbox"/> WFL <input type="checkbox"/> R elev <input type="checkbox"/> L elev  <input type="checkbox"/> Fixed <input type="checkbox"/> Other <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Flexible	 <input type="checkbox"/> WFL <input type="checkbox"/> Right Anterior <input type="checkbox"/> Left  Anterior  <input type="checkbox"/> Fixed <input type="checkbox"/> Other <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Flexible
<b>T R U N K</b>	<b>Anterior / Posterior</b>	<b>Left Right</b>	<b>Rotation-shoulders and upper trunk</b>
	 <input type="checkbox"/> WFL <input type="checkbox"/> ↑ Thoracic Kyphosis <input type="checkbox"/> ↑ Lumbar Lordosis  <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Other	 <input type="checkbox"/> WFL <input type="checkbox"/> Convex Left <input type="checkbox"/> Convex Right  <input type="checkbox"/> c-curve <input type="checkbox"/> s-curve <input type="checkbox"/> multiple <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Other	  <input type="checkbox"/> Neutral <input type="checkbox"/> Left-anterior <input type="checkbox"/> Right-anterior <input type="checkbox"/> Fixed <input type="checkbox"/> Flexible <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Other
<b>Describe LE Neurological Influence/Tone</b>			
<b>H I P S</b>	<b>Position</b>	<b>Windswept</b>	<b>Hip Flexion/Extension Limitations</b>
	 <input type="checkbox"/> Neutral <input type="checkbox"/> ABduct <input type="checkbox"/> ADduct  <input type="checkbox"/> Fixed <input type="checkbox"/> Subluxed <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Dislocated <input type="checkbox"/> Flexible	 <input type="checkbox"/> Neutral <input type="checkbox"/> Right <input type="checkbox"/> Left  <input type="checkbox"/> Fixed <input type="checkbox"/> Other <input type="checkbox"/> Partly Flexible <input type="checkbox"/> Flexible	<b>Hip Internal/External Limitations</b>
<b>K N E E S &amp; F E E T</b>	<b>Knee Position</b>	<b>Foot Position</b>	
	WFL <input type="checkbox"/> L <input type="checkbox"/> R Limitations <input type="checkbox"/> L <input type="checkbox"/> R Fixed <input type="checkbox"/> L <input type="checkbox"/> R Partly Flexible <input type="checkbox"/> L <input type="checkbox"/> R Flexible <input type="checkbox"/> L <input type="checkbox"/> R	WFL <input type="checkbox"/> L <input type="checkbox"/> R Limitations <input type="checkbox"/> L <input type="checkbox"/> R    Dorsi-Flexed <input type="checkbox"/> L <input type="checkbox"/> R Fixed <input type="checkbox"/> L <input type="checkbox"/> R    Plantar Flexed <input type="checkbox"/> L <input type="checkbox"/> R Partly Flexible <input type="checkbox"/> L <input type="checkbox"/> R    Inversion <input type="checkbox"/> L <input type="checkbox"/> R Flexible <input type="checkbox"/> L <input type="checkbox"/> R    Eversion <input type="checkbox"/> L <input type="checkbox"/> R	

<b>DESCRIBE REFLEXES/TONAL INFLUENCE ON BODY</b>
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POSTURE			COMMENTS
HEAD & NECK	<input type="checkbox"/> Functional <input type="checkbox"/> Flexed <input type="checkbox"/> Extended <input type="checkbox"/> Rotated L <input type="checkbox"/> Rotated R <input type="checkbox"/> Lat Flexed L <input type="checkbox"/> Lat Flexed R <input type="checkbox"/> Cervical Hyperextension	<input type="checkbox"/> Good Head control <input type="checkbox"/> Adequate Head Control <input type="checkbox"/> Limited Head Control <input type="checkbox"/> Absent Head Control	Describe Tone//Movement of Head and Neck
	<b>UPPER EXTREMITY</b> <b>SHOULDERS</b> <b>Left                      Right</b> <input type="checkbox"/> Functional <input type="checkbox"/> Functional <input type="checkbox"/> Elevated <input type="checkbox"/> Elevated <input type="checkbox"/> Depressed <input type="checkbox"/> Depressed <input type="checkbox"/> Protraced <input type="checkbox"/> Protraced <input type="checkbox"/> Retracted <input type="checkbox"/> Retracted <input type="checkbox"/> Subluxed <input type="checkbox"/> Subluxed		
WRIST & HAND	<b>ELBOWS</b> <b>Left                      Right</b> <input type="checkbox"/> Fisting <input type="checkbox"/> Fisting		
	<b>WRIST &amp; HAND</b> <b>Left                      Right</b> <input type="checkbox"/> Fisting <input type="checkbox"/> Fisting		

**Goals for Wheelchair Mobility**

- Independence with mobility in the home with mobility related ADLs (MRADLs)
- Independence with community mobility
- Provide dependent mobility
- Provide recline
- Provide tilt
- Other

**Goals for Seating System**

- Optimize pressure distribution
- Provide support needed to facilitate function or safety
- Provide corrective forces to assist with maintaining or improving posture
- Accommodate client's posture- Current seated postures and positions are not flexible or will not tolerate corrective forces
- Client to be independent with relieving pressure in the wheelchair
- Enhance physiological function such as breathing, swallowing, digestion and/or elimination
- Other

**Equipment trials**

**State why other equipment was unsuccessful**

Patient Name

**MOBILITY BASE RECOMMENDATIONS and JUSTIFICATION**

MOBILITY BASE	JUSTIFICATION	
<b>Manufacturer</b> <b>Model</b> <b>Color</b> Seat Width Seat Depth Length of need	<input type="checkbox"/> provide transport from point A to B <input type="checkbox"/> promote independent mobility <input type="checkbox"/> not a safe, functional ambulator <input type="checkbox"/> walker or cane inadequate <input type="checkbox"/> non-ambulatory	<input type="checkbox"/> non-standard width/depth necessary to accommodate anatomical measurement <input type="checkbox"/>
<input type="checkbox"/> <b>Lightweight Manual Wheelchair</b>	<input type="checkbox"/> self propulsion	<input type="checkbox"/>
<input type="checkbox"/> <b>High-strength Lightweight MWC</b>	<input type="checkbox"/> self propulsion <input type="checkbox"/> full-time daily use <input type="checkbox"/>	<input type="checkbox"/> lifting <input type="checkbox"/> requires features not available on a lightweight manual wheelchair
<input type="checkbox"/> <b>Ultra-lightweight MWC</b>  <b>Axle adjustability</b> <input type="checkbox"/> semi adjustable <input type="checkbox"/> fully adjustable	<input type="checkbox"/> improved UE access to wheels <input type="checkbox"/> efficient propulsion <input type="checkbox"/>	<input type="checkbox"/> increase chair stability <input type="checkbox"/> change angle for improved postural stability
<input type="checkbox"/> <b>Heavy-duty Manual Wheelchair</b> <input type="checkbox"/> <b>Extra Heavy-duty MWC</b>	<input type="checkbox"/> user weight _____ <input type="checkbox"/>	<input type="checkbox"/> broken frame on previous chair <input type="checkbox"/> extreme tone/excess movement
<input type="checkbox"/> <b>Scoter/POV</b>	<input type="checkbox"/> non-ambulatory <input type="checkbox"/> can not functionally propel manual wheelchair <input type="checkbox"/>	<input type="checkbox"/> has adequate trunk stability <input type="checkbox"/> can safely operate & is willing to <input type="checkbox"/> can safely transfer
<input type="checkbox"/> <b>Basic Power Mobility Base</b>	<input type="checkbox"/> non-ambulatory <input type="checkbox"/> can not functionally propel manual wheelchair <input type="checkbox"/> can not functionally and safely operate scooter/POV	<input type="checkbox"/> can safely operate & is willing to <input type="checkbox"/> can safely transfer <input type="checkbox"/>
<input type="checkbox"/> <b>Power Mobility Base with Programmable Electronics</b>	<input type="checkbox"/> non-ambulatory <input type="checkbox"/> can not functionally propel manual wheelchair <input type="checkbox"/> can not functionally and safely operate scooter/POV <input type="checkbox"/> can not functionally and safely operate a basic PWC <input type="checkbox"/>	<input type="checkbox"/> can safely operate & is willing to <input type="checkbox"/> can safely transfer <input type="checkbox"/> requires speed adjustment <input type="checkbox"/> requires torque adjustability <input type="checkbox"/> requires sensitivity adjustability <input type="checkbox"/> requires acceleration adjustability <input type="checkbox"/> requires braking adjustability
<input type="checkbox"/> <b>Stroller Base</b>	<input type="checkbox"/> infant/child <input type="checkbox"/> unable to propel manual wheelchair <input type="checkbox"/>	<input type="checkbox"/> non-functional ambulator <input type="checkbox"/> non-functional UE
<input type="checkbox"/> <b>Tilt Base or Tilt added</b> <input type="checkbox"/> Forward <input type="checkbox"/> Rearward <input type="checkbox"/> Powered tilt on power chair <input type="checkbox"/> Powered tilt on manual chair <input type="checkbox"/> Manual tilt on manual base <input type="checkbox"/> Manual tilt on power base	<input type="checkbox"/> change position against gravitational force on head and shoulders <input type="checkbox"/> change position for pressure relief/can not weight shift <input type="checkbox"/>	<input type="checkbox"/> transfers <input type="checkbox"/> management of tone <input type="checkbox"/> rest periods <input type="checkbox"/> control edema <input type="checkbox"/> facilitate postural control
<input type="checkbox"/> <b>Recline</b> <input type="checkbox"/> Power recline on power base <input type="checkbox"/> Power recline on manual base <input type="checkbox"/> Manual recline on manual base <input type="checkbox"/> Manual recline on power base	<input type="checkbox"/> accommodate femur to back angle <input type="checkbox"/> bring to full recline for ADL care <input type="checkbox"/> change position for pressure relief/can not weight shift <input type="checkbox"/>	<input type="checkbox"/> rest periods <input type="checkbox"/> repositioning for transfers or clothing/diaper/catheter management <input type="checkbox"/> head positioning
<input type="checkbox"/> <b>Elevator on Mobility Base</b> <input type="checkbox"/> Wheelchair <input type="checkbox"/> Scooter	<input type="checkbox"/> increase Indep in transfers <input type="checkbox"/> increase Indep in ADLs <input type="checkbox"/>	<input type="checkbox"/> raise height for communication at standing level

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MOBILITY BASE COMPONENTS	JUSTIFICATION	
<b>Armrests</b> <input type="checkbox"/> fixed <input type="checkbox"/> adjustable height <input type="checkbox"/> removable <input type="checkbox"/> swing away <input type="checkbox"/> flip back <input type="checkbox"/> reclining <input type="checkbox"/> full length pads <input type="checkbox"/> desk <input type="checkbox"/> pads tubular	<input type="checkbox"/> provide support with elbow at 90° <input type="checkbox"/> provide support for w/c tray <input type="checkbox"/> change height/angle for ADLs <input type="checkbox"/>	<input type="checkbox"/> remove for transfers <input type="checkbox"/> allow to come closer to table top <input type="checkbox"/> remove for access to tables
<b>Footrests/ Leg rests</b> <input type="checkbox"/> 60° <input type="checkbox"/> 70° <input type="checkbox"/> 80° <input type="checkbox"/> 90° <input type="checkbox"/> heavy duty <input type="checkbox"/> fixed <input type="checkbox"/> lift off <input type="checkbox"/> swing away <input type="checkbox"/> elevating <input type="checkbox"/> articulating elevating <input type="checkbox"/> mechanically linked elevating legrests <input type="checkbox"/> power elevating legrests	<input type="checkbox"/> provide LE support <input type="checkbox"/> accommodate hamstring tightness <input type="checkbox"/> accommodate knee ROM <input type="checkbox"/> elevate legs during recline <input type="checkbox"/> provide change in position for legs <input type="checkbox"/> maintain feet on footplate	<input type="checkbox"/> durability <input type="checkbox"/> enable transfers <input type="checkbox"/> decrease edema <input type="checkbox"/> physically unable to operate manual elevating legrests <input type="checkbox"/>
<b>Foot support</b> <input type="checkbox"/> flip up <input type="checkbox"/> fixed/rigid footplatform <input type="checkbox"/> adjustable angle <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> provide foot support <input type="checkbox"/> accommodate ankle ROM <input type="checkbox"/> allow foot to go under w/c base	<input type="checkbox"/> transfers <input type="checkbox"/>
<b>Drive/propulsion wheel size</b> <b>Wheel style</b> <input type="checkbox"/> mag <input type="checkbox"/> spokes <input type="checkbox"/> _____	<input type="checkbox"/> increase access to wheel <input type="checkbox"/> allow seating system to fit on base <input type="checkbox"/>	<input type="checkbox"/> increase propulsion ability <input type="checkbox"/> maintenance free
<b>Quick release wheels</b>	<input type="checkbox"/> allow wheels to be removed to decrease width of w/c for storage	<input type="checkbox"/> decrease weight for lifting <input type="checkbox"/>
<b>Wheel rims/ hand rims</b> <input type="checkbox"/> metal <input type="checkbox"/> plastic coated projections <input type="checkbox"/> oblique <input type="checkbox"/> vertical	<input type="checkbox"/> increase self-propulsion with hand weakness/decreased grasp	<input type="checkbox"/>
<b>Drive/propulsion tires</b> <input type="checkbox"/> pneumatic <input type="checkbox"/> semi-pneumatic <input type="checkbox"/> flat free inserts <input type="checkbox"/> solid	<input type="checkbox"/> decrease maintenance <input type="checkbox"/> prevent frequent flats <input type="checkbox"/> increase shock absorbency	<input type="checkbox"/> decrease pain <input type="checkbox"/> decrease spasms <input type="checkbox"/>
<b>Caster housing</b> <b>Caster size</b> <b>Style</b> <input type="checkbox"/> pneumatic <input type="checkbox"/> semi-pneumatic <input type="checkbox"/> flat free inserts <input type="checkbox"/> solid	<input type="checkbox"/> maneuverability <input type="checkbox"/> stability of wheelchair <input type="checkbox"/> increase shock absorbency <input type="checkbox"/> durability <input type="checkbox"/> maintenance <input type="checkbox"/> angle adjustment for posture	<input type="checkbox"/> decrease pain <input type="checkbox"/> decrease spasms <input type="checkbox"/> allow feet under wheelchair base <input type="checkbox"/> seat to floor height <input type="checkbox"/>
<b>Specific seat height</b> Floor to seat height _____	<input type="checkbox"/> foot propulsion <input type="checkbox"/> transfers	<input type="checkbox"/> accommodation of leg length <input type="checkbox"/>
<b>Shock absorbers</b>	<input type="checkbox"/> decrease vibration <input type="checkbox"/> decrease pain	<input type="checkbox"/>
<b>Spoke protector</b>	<input type="checkbox"/> protect hand/fingers from spokes	<input type="checkbox"/>
<b>Side guards</b>	<input checked="" type="checkbox"/> prevent skin tears/abrasions	<input type="checkbox"/>
<b>One armed drive attachment</b> <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> enable propulsion of manual wheelchair with one arm	<input type="checkbox"/>
<b>Anti-tippers</b>	<input type="checkbox"/> prevent rearward displacement	<input type="checkbox"/>
<b>Amputee adapter</b>	<input type="checkbox"/> increase rearward stability	<input type="checkbox"/>
<b>Brake/wheel lock extension</b> <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> indep in applying wheel locks	<input type="checkbox"/>
<b>Transportation tie-down option</b>	<input type="checkbox"/> provide crash tested brackets	<input type="checkbox"/>
<b>Push handles</b> <input type="checkbox"/> extended <input type="checkbox"/> angle adjustable <input type="checkbox"/> standard	<input type="checkbox"/> caregiver access <input type="checkbox"/> caregiver assist <input type="checkbox"/>	<input type="checkbox"/> allows "hooking" to enable increased ability to perform ADLs, maintain balance or pressure relief
<b>Angle adjustable back</b>	<input type="checkbox"/> postural control <input type="checkbox"/> control of tone/spasticity <input type="checkbox"/> accommodate range of motion	<input type="checkbox"/> UE functional control <input type="checkbox"/> accommodate seating system <input type="checkbox"/>
<input type="checkbox"/> Crutch/cane holder <input type="checkbox"/> IV hanger <input type="checkbox"/> Cylinder holder <input type="checkbox"/> Vent tray	<input type="checkbox"/>	<input type="checkbox"/>

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MOBILITY BASE COMPONENTS	JUSTIFICATION	
<p><b>POWER WHEELCHAIR CONTROLS</b></p> <p><input type="checkbox"/> <b>Proportional</b> Type</p> <p>Body Parts <input type="checkbox"/> Left <input type="checkbox"/> Right</p> <p><input type="checkbox"/> <b>Non-Proportional/switches</b> Type</p> <p>Body Parts</p> <p><input type="checkbox"/> <b>Upgraded Electronics</b></p> <p><input type="checkbox"/> <b>Display box</b></p> <p><input type="checkbox"/> <b>Digital interface electronics</b></p> <p><input type="checkbox"/> <b>Head Array</b></p> <p><input type="checkbox"/> <b>Sip and puff w/ tubing kit</b></p> <p><input type="checkbox"/> <b>Upgraded tracking electronics</b></p> <p><input type="checkbox"/> <b>Safety Reset Switches</b></p> <p><input type="checkbox"/> <b>Single or Multiple Actuator Control Module</b></p>	<p><input type="checkbox"/> provides access for controlling wheelchair</p> <p><input type="checkbox"/> lacks motor control to operate proportional drive control <input type="checkbox"/> unable to understand proportional controls</p> <p><input type="checkbox"/> programming for accurate control <input type="checkbox"/> progressive disease/changing condition <input type="checkbox"/> to operate power seat function(s) through joystick control</p> <p><input type="checkbox"/> to see which mode and drive the wheelchair is set <input type="checkbox"/> necessary for alternate controls</p> <p><input type="checkbox"/> to allow the w/c to operate when using alternative drive controls</p> <p><input type="checkbox"/> to operate wheelchair through switches placed in tri-panel headrest</p> <p><input type="checkbox"/> needed to operate sip and puff drive controls</p> <p><input type="checkbox"/> increase safety when driving <input type="checkbox"/> correct tracking when on uneven surfaces</p> <p><input type="checkbox"/> to change modes and stop the wheelchair when driving in latch mode</p> <p><input type="checkbox"/> to operate the power seat function(s) through the joystick control</p>	<p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>Mount for switches or joystick</b></p>	<p><input type="checkbox"/> attaches switches to w/c <input type="checkbox"/> swing away for safe transfers</p>	<p><input type="checkbox"/> midline for optimal placement <input type="checkbox"/> provides for consistent access</p>
<p><b>Attendant controlled joystick and mount</b></p>	<p><input type="checkbox"/> safety <input type="checkbox"/> long distance driving <input type="checkbox"/> operation of seat functions</p>	<p><input type="checkbox"/> compliance with transportation regulations <input type="checkbox"/></p>
<p><b>Battery</b></p>	<p><input type="checkbox"/> power motors on wheelchair</p>	<p><input type="checkbox"/></p>
<p><b>Charger</b></p>	<p><input type="checkbox"/> charge battery for wheelchair</p>	<p><input type="checkbox"/></p>
<p><b>Push rim active assist</b></p>	<p><input type="checkbox"/> enable propulsion of manual wheelchair on sloped terrain</p>	<p><input type="checkbox"/> enable propulsion of manual wheelchair for distance</p>
<p><b>Other</b></p>		
<p><b>Other</b></p>		

Patient Name

**SEATING COMPONENT RECOMMENDATIONS AND JUSTIFICATION**

COMPONENT	Mfg/model/size	JUSTIFICATION	
<input type="checkbox"/> <b>Seat cushion</b>		<input type="checkbox"/> impaired sensation <input type="checkbox"/> decubitus ulcers present <input type="checkbox"/> history of decubitus ulcers <input type="checkbox"/> increase pressure distribution <input type="checkbox"/>	<input type="checkbox"/> stabilize pelvis <input type="checkbox"/> prevent pelvic extension <input type="checkbox"/> accommodate obliquity/rotation <input type="checkbox"/> accommodate multiple deformity <input type="checkbox"/> neutralize LE <input type="checkbox"/>
<input type="checkbox"/> <b>Seat cushion- Custom Molded</b>		<input type="checkbox"/> commercially available cushion cannot accommodate deformity <input type="checkbox"/>	
<input type="checkbox"/> <b>Seat wedge</b>		<input type="checkbox"/> accommodate ROM <input type="checkbox"/> aggressive seat shape to decrease sliding down in the seat	<input type="checkbox"/>
<input type="checkbox"/> <b>Cover replacement</b>		<input type="checkbox"/> protect back or seat cushion	<input type="checkbox"/>
<input type="checkbox"/> <b>Mounting hardware</b> <input type="checkbox"/> lateral supports <input type="checkbox"/> headrest <input type="checkbox"/> medial thigh support <input type="checkbox"/> back <input type="checkbox"/> seat	<input type="checkbox"/> fixed <input type="checkbox"/> swing away	<input type="checkbox"/> attach seat platform/cushion <input type="checkbox"/> attach back platform/cushion <input type="checkbox"/> mount postural support(s) <input type="checkbox"/>	<input type="checkbox"/> swing-away for safe transfers <input type="checkbox"/> flip-down/away for safe transfers <input type="checkbox"/> multi-axis for accurate positioning & removal for safe transfers
<input type="checkbox"/> <b>Seat board</b> <input type="checkbox"/> <b>Seat platform</b> <input type="checkbox"/> <b>Back board</b>		<input type="checkbox"/> support cushion to prevent hammocking of upholstery <input type="checkbox"/>	<input type="checkbox"/> attach cushion/back to base <input type="checkbox"/> accommodate seat to floor height
<input type="checkbox"/> <b>Back cushion</b>		<input type="checkbox"/> provide posterior trunk support <input type="checkbox"/> provide posterior/lateral trunk support <input type="checkbox"/> accommodate deformity <input type="checkbox"/> accommodate or decrease tone <input type="checkbox"/> facilitate tone	<input type="checkbox"/> provide lumbar/sacral support <input type="checkbox"/> support trunk in midline <input type="checkbox"/> pressure relief over spinous processes <input type="checkbox"/>
<input type="checkbox"/> <b>Back cushion- Custom Molded</b>		<input type="checkbox"/> commercially available back cannot accommodate deformity <input type="checkbox"/>	
<input type="checkbox"/> <b>Lateral pelvic / thigh support</b>	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> pelvis in neutral <input type="checkbox"/> accommodate pelvis <input type="checkbox"/> position upper legs	<input type="checkbox"/> accommodate tone <input type="checkbox"/> removable for transfers <input type="checkbox"/>
<input type="checkbox"/> <b>Medial thigh support</b>		<input type="checkbox"/> decrease adduction <input type="checkbox"/> accommodate ROM	<input type="checkbox"/> remove for transfers <input type="checkbox"/> alignment
<input type="checkbox"/> <b>Foot support</b> <input type="checkbox"/> <b>Foot box</b> <input type="checkbox"/> <b>Shoe holder</b>	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> position foot <input type="checkbox"/> accommodate deformity <input type="checkbox"/>	<input type="checkbox"/> stability <input type="checkbox"/> decrease tone <input type="checkbox"/> control position
<input type="checkbox"/> <b>Ankle strap / heel loops</b>		<input type="checkbox"/> support foot on foot support <input type="checkbox"/> decrease extraneous movement <input type="checkbox"/>	<input type="checkbox"/> provide input to heel <input type="checkbox"/> protect foot
<input type="checkbox"/> <b>Lateral trunk supports</b>	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> decrease lateral trunk leaning <input type="checkbox"/> accommodate asymmetry <input type="checkbox"/> contour for increased contact	<input type="checkbox"/> safety <input type="checkbox"/> control of tone <input type="checkbox"/>
<input type="checkbox"/> <b>Anterior chest strap, vest, or shoulder retractors</b>		<input type="checkbox"/> decrease forward movement of shoulder <input type="checkbox"/> accommodation of TLSO decrease forward movement of trunk <input type="checkbox"/>	<input type="checkbox"/> added abdominal support <input type="checkbox"/> alignment <input type="checkbox"/> assistance with shoulder control <input type="checkbox"/> decrease shoulder elevation

Patient Name

COMPONENT	Mfg/model/size	JUSTIFICATION	
<input type="checkbox"/> <b>Headrest</b>		<input type="checkbox"/> provide posterior head support <input type="checkbox"/> provide posterior neck support <input type="checkbox"/> provide lateral head support <input type="checkbox"/> provide anterior head support <input type="checkbox"/> support during tilt and recline <input type="checkbox"/> improve feeding <input type="checkbox"/>	<input type="checkbox"/> improve respiration <input type="checkbox"/> placement of switches <input type="checkbox"/> safety <input type="checkbox"/> accommodate ROM <input type="checkbox"/> accommodate tone <input type="checkbox"/> improve visual orientation
<input type="checkbox"/> <b>Neck support</b>		<input type="checkbox"/> decrease neck rotation <input type="checkbox"/>	<input type="checkbox"/> decrease forward neck flexion
<input type="checkbox"/> <b>Upper extremity support</b> <input type="checkbox"/> Arm Trough <input type="checkbox"/> _____ Hand Support <input type="checkbox"/> 1/2 tray <input type="checkbox"/> Full tray <input type="checkbox"/> Swivel mount	<input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> decrease edema <input type="checkbox"/> decrease subluxation <input type="checkbox"/> control tone <input type="checkbox"/> provide work surface <input type="checkbox"/> placement for AAC/Computer/EADL <input type="checkbox"/>	<input type="checkbox"/> decrease gravitational pull on shoulders <input type="checkbox"/> provide midline positioning <input type="checkbox"/> provide support for UE function <input type="checkbox"/> provide hand support in natural position
<input type="checkbox"/> <b>Pelvic positioner</b> <input type="checkbox"/> Belt <input type="checkbox"/> SubASIS bar <input type="checkbox"/> Dual Pull		<input type="checkbox"/> stabilize tone <input type="checkbox"/> decrease falling out of chair/ **will not decrease potential for sliding due to pelvic tilting <input type="checkbox"/> prevent excessive rotation <input type="checkbox"/>	<input type="checkbox"/> pad for protection over boney prominence <input type="checkbox"/> prominence comfort <input type="checkbox"/> special pull angle to control rotation
<input type="checkbox"/> <b>Essential needs bag or pouch</b>		<b>Holds</b> <input type="checkbox"/> medicines <input type="checkbox"/> special food <input type="checkbox"/> orthotics <input type="checkbox"/> clothing changes	<input type="checkbox"/> diapers <input type="checkbox"/> catheter/hygiene <input type="checkbox"/> ostomy supplies <input type="checkbox"/>
Other			
Other			
Other			
Other			

<b>Patient/Client/Caregiver Signature</b>		<b>Date</b>
<b>Therapist Name Printed</b>		
<b>Therapist's Signature</b>		<b>Date</b>
<b>Supplier's Name Printed</b>		
<b>Supplier's Signature</b>		<b>Date</b>

**I agree with the above findings and recommendations of the therapist and supplier**

<b>Physician's Name Printed</b>		
<b>Physician's Signature</b>		<b>Date</b>

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

- This DME Provider
- Manufacturer of Recommended Equipment
- Patient's Long Term Care Facility
- None of the above