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WHEELED MOBILITY

Required Clinical Documentation

ACTION
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9871 Brockington Rd, Ste 6
Sherwood, AR 72120
Tel: 1 (501) 683-8493
Fax: 1 (501) 392-6606
ActionSeating.net
NLR-Intake@ActionSeating.net

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1

INSTRUCTIONS

Step 1 – Provide **Required Clinical Documentation** (cards 2-8)

Step 2 – Provide **Equipment-Specific Clinical Documentation** for each additional piece of recommended equipment (cards 9-20)

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2

REQUIRED CLINICAL DOCUMENTATION

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History

1. **Diagnosis**
2. **Day in the Life**
   Explain the patient's current equipment use and why it is not working for them.
3. **Pain Levels**
   Where are they feeling pain and what are the corresponding pain levels?
4. **Are there any past or planned surgeries?**
5. **Is this a replacement chair or is this a new injury/condition?**
   a. **If it is a replacement chair, why is the current equipment not working for the patient?**
6. **How many hours per day will they be in the chair?**

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MRADLs Mobility Related Activity of Daily Living

1. Ambulatory status
2. Can they ambulate?
   a. How far?
   b. Assisted or unassisted?
   c. Falls?
   d. Injury with falls?
   e. Balance issues?
   f. Gait issues?
3. If they can't ambulate, why?
4. Transfer style
5. Feeding, Toileting, Meal Prep, Home Management, Grooming, Bathing and Dressing
6. Incontinence issues?
7. Are they using a catheter?
8. Are they tube-fed?
9. Where will the equipment be used?

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Skin Integrity

1. Document any current or past wounds and the location of the wound
2. Document any wound care the patient is receiving
3. History of flap surgery, if applicable
4. Sensation
5. Are they able to do an independent weight shift and, if not, why?
   - Weakness
   - Pain
   - Limited ROM

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Physical Assessment

1. Scoliosis, Kyphosis, Lordosis, Thoracic and Lumbar Weakness with any ROM Limitations
2. Pelvic Obliquity, Pelvic Rotation, Pelvic Tilt, Pelvic ROM, Abduction, Adduction, Windswept
3. ROM Limitations and Location
4. Manual Muscle Strength
5. If UE is 3+/5 or greater will need to justify Reasons for Limitations
6. Contractures
7. Pain or Fatigue with Exertion

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Cognitive Assessment

1. Verbal, Concentration, Problem Solving, Hearing
2. Are they safe driving a power device?
3. Is vision functional and are they safe to drive a power chair?

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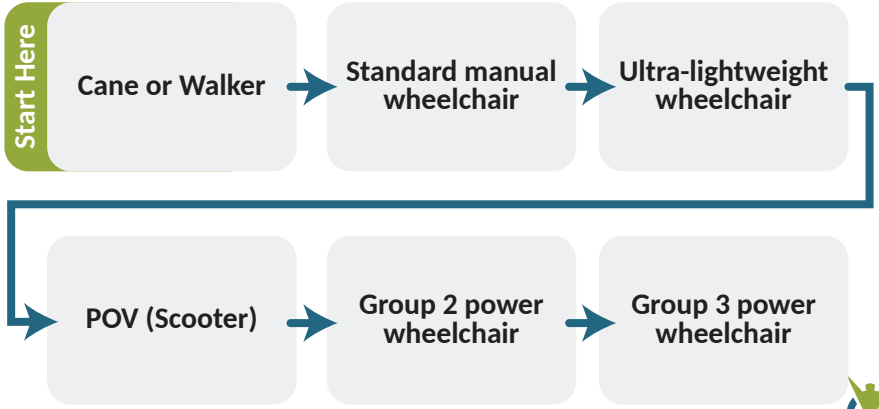
Degree of Assistance

Using a stair-step process, start by ruling out what will not work for the client:



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EQUIPMENT-SPECIFIC CLINICAL DOCUMENTATION

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Gait Trainers

- Ambulatory status
- What are the client's gait goals?
- In what setting will a gait trainer be used?
  - Living Room, Bedroom, School
- What distance can the patient walk with a gait trainer and **without** assistance?
  - How long did it take the patient to walk that distance?
- What distance can the patient walk **with** assistance and how much assistance?

Continued on next card

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Gait Trainers *Continued*

- Does the client's home accommodate the gait trainer?
- How will the gait trainer be transported?
- What other less-costly gait trainers have been trialed?
  - How long was the trial?
  - Why were they ruled out for the client?
- Can the gait trainer grow with the client?
- What other assistive technology does the client use?
- If replacing the gait trainer prior to 5 years, document why the replacement is needed.
- Are the patient and family willing and able to use the equipment?

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Car Seats

- Less costly options ruled out
- Document the need for positioning support while in the vehicle
- What other assistive technology does the client use?
- Can the caregiver transfer the client in and out of the car seat?
- In which cars will the car seat be used?
- The patient must have a postural issue that requires a car seat
  - **If the need is just for safety it will most likely be denied**
- Is the patient willing to use the equipment if provided?

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Activity Chairs

- What other less-costly activity chairs have been trialed?
  - How long was the trial?
  - Why were they ruled out for the client?
- In what setting will the activity chair be used?
- Does the client's home accommodate the activity chair?
- Can the activity chair grow with the client?
- What is the client currently using and why will this equipment not work for an activity chair?

Continued on next card

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Activity Chairs *Continued*

- If they have a wheelchair or stander, explain why those will not work as an activity chair.
  - Receives feeding therapy and has difficulty holding their head up for feeding.
  - Head control and cervical weakness make visual tracking very challenging.
  - The activity chair has tilt and recline to help with posterior positioning and head positioning that a wheelchair will not accommodate.
  - Requires activity chair to manage muscle tone for eating and swallowing.
  - The current wheelchair's height prevents it from being under the table, which prevents interaction, eye-to-eye contact, and mealtimes.
- You can document that the PEG feeding often leaks and ruins the wheelchair by causing things to rust or destroying upholstery. Take pictures of this.
- Document any other reasons that current equipment will not accommodate the needs for which the activity chair is going to be utilized.

Continued on next card

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Activity Chairs *Continued*

- Justify why store-bought highchairs will not accommodate needs.
- Are the patient and family willing and able to use the equipment?

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Standers

- Must have one of the following musculoskeletal deformities:
  - Scoliosis
  - Hip dislocation
  - Contracture development
  - High tone or no tone
  - Decubitus ulcers
  - Compromised bowel/bladder function
  - Pulmonary complications
- Ambulatory status
- Document the need for trunk, head, and body support for positioning?
- Document the following medical needs:
  - Improve trunk strength

Continued on next card

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Standers *Continued*

- Aid in respiration
- Digestion
- Circulation
- Bowel/bladder function
- Bone development
- Pulmonary complications

- In what setting will the stander be used?
- Does the patient's home accommodate the stander?
- How will stander be transported (if applicable)?
- What other-less costly standers have been trialed?
  - How long was the trial?
- What other equipment does the patient have in the home?

Continued on next card

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Standers *Continued*

- Can the stander grow with the patient?
- GMFCS level if the patient has CP
- Standing regimen (Document standing program)
- If they have a gait trainer, document why the gait trainer cannot be used as a standing device
- Are the patient and family willing and able to use the equipment?

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Bathroom Equipment

- What are they currently using?
- How will the client transfer in and out of bathroom equipment?
- What other less-costly bathroom equipment has been trialed?
  - How long was the trial?
  - Why were they ruled out for the client?
- Document that the recommended bathroom equipment will work in the client's bathroom.
- What other assistive technology does the client use?

Continued on next card

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Bathroom Equipment *Continued*

- Can recommended bathroom equipment grow with the client?
- Describe the layout and provide measurements of patients bathroom. Pictures would be helpful.
- Are the patient and family willing and able to use the equipment?

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