



History

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



Skin Integrity

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



Cognitive Assessment

- **Verbal, Concentration, Problem Solving, Hearing**
- **Are they safe driving a power device?**
- **Is vision functional and are they safe to drive a power chair?**



MRADLs Mobility-Related Activities of Daily Living

- **Ambulatory status**
- **Can they ambulate?**
 - How far?
 - Assisted or unassisted?
 - Falls?
 - Injury with falls?
 - Balance issues?
 - Gait issues?
- **If they can't ambulate, why?**
- **Transfer style**
- **Feeding, Toileting, Meal Prep, Home Management, Grooming, Bathing and Dressing**
- **Incontinence issues?**
- **Are they using a catheter?**
- **Are they tube-fed?**
- **Where will the equipment be used?**



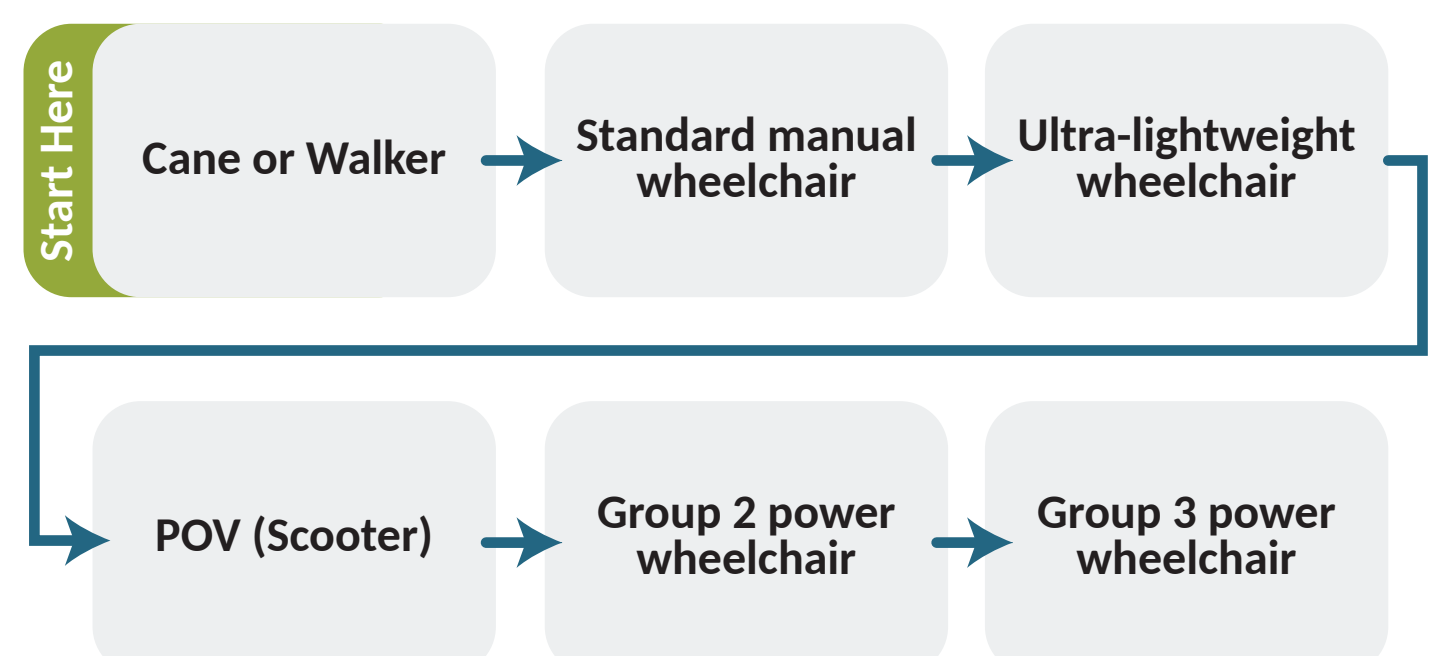
Physical Assessment

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



Degree of Assistance

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





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?
- 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?



Standers

- Must have one of the following musculoskeletal deformities:

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

◦ Improve trunk strength	◦ Circulation	◦ Pulmonary complications
◦ Aid in respiration	◦ Bowel/bladder function	
◦ Digestion	◦ Bone development	
- 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?
- 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?



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



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
- Are the patient and family willing and able to use the equipment?



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?
- 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?