



Rehabilitation Institute of Chicago

# Wheelchair and Seating Evaluation and Justification

Name:	
Date:	
MR #:	
Account #:	
Birth Date:	Sex:
Physician:	

### PATIENT INFORMATION:

<b>Name:</b>	<b>DOB:</b>	<b>Sex:</b>	<b>Date seen:</b>	<b>Time:</b>
<b>Address:</b>	<b>Physician:</b>		<i><b>This evaluation/justification form will serve as the LMN for the following suppliers:</b></i>	
	<b>Seating Therapist:</b>			
<b>Phone:</b>	<b>Primary Therapist:</b>			
<b>Spouse/Parent/Caregiver name:</b>	<b>Insurance/Payer:</b>		<b>Supplier:</b>	
<b>Phone number:</b>			Contact Person: Phone: <input type="checkbox"/> <b>RIC Rehabilitation Engineering Program:</b> Contact Person: Phone :	
<b>Reason for Referral</b>				
<b>Patient Goals:</b>				
<b>Caregiver goals and specific limitations that may effect care:</b>				

### MEDICAL HISTORY:

<b>Diagnosis:</b>	ICD9 Code:	<b>Primary Diagnosis:</b>	<b>Onset:</b>	ICD9 Code:	<b>Diagnosis:</b>
	ICD9 Code:	Diagnosis:		ICD9 Code:	Diagnosis:
	ICD9 Code:	Diagnosis:		ICD9 Code:	Diagnosis:
<input type="checkbox"/> Progressive Disease	<b>Relevant past and future surgeries:</b>				
<b>Height:</b>	<b>Weight:</b>	Explain recent changes or trends in weight:			
<b>History:</b>					
<b>Cardio Status:</b> _____ <b>Functional Limitations:</b> _____					
<input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> NA					
<b>Respiratory Status:</b> _____ <b>Functional Limitations:</b> _____					
<input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> NA					
<b>Orthotics:</b>					

### 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"/> own	<input type="checkbox"/> rent
<input type="checkbox"/> Lives Alone	<input type="checkbox"/> Lives with Others	Hours with caregiver:				
<input type="checkbox"/> Home is accessible to patient		Storage of Wheelchair: <input type="checkbox"/> In home <input type="checkbox"/> other				
<b>Comments:</b>						

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**COMMUNITY ADL:**

**TRANSPORTATION:**

Car  Van  Public Transportation  Adapted w/c Lift  Ambulance  Other:  Sits in wheelchair during transport

Where is w/c stored during transport?  Tie Downs

Self Driver Drive while in Wheelchair  yes  no

**Employment:**

Specific requirements pertaining to mobility

**School:**

Specific requirements pertaining to mobility

**Other:**

**FUNCTIONAL/SENSORY PROCESSING SKILLS:**

**Handedness:**  Right  Left  NA Comments:

**Functional Processing Skills for Wheeled Mobility**

Processing Skills are adequate for safe wheelchair operation

**Comments:**

**COMMUNICATION:**

Verbal Communication  WFL receptive  WFL expressive  Understandable  Difficult to understand  non-communicative  
 Uses an augmentative communication device Manufacturer/Model :

AAC Mount Needed:

**SENSATION and SKIN ISSUES:**

**Sensation**

Intact  Impaired  Absent  
 Hyposensate  Hypersensate  
 Defensiveness

Level of sensation:

**Pressure Relief:**

Able to perform effective pressure relief :  Yes  No

Method:

If not, Why?:

**Skin Issues/Skin Integrity**

Current Skin Issues  Yes  No

Intact  Red area  Open Area

Scar Tissue  At risk from prolonged sitting

Where

History of Skin Issues  Yes  No

Where \_\_\_\_\_

When \_\_\_\_\_

Hx of skin flap surgeries  Yes  No

Where \_\_\_\_\_

When \_\_\_\_\_

**Complaint of Pain:** Please describe

**ADL STATUS (in reference to wheelchair use):**

	Indep	Assist	Unable	Indep with Equip	Not assessed	Comments
Dressing						
Eating						Describe oral motor skills
Grooming/Hygiene						
Meal Prep						
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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**CURRENT SEATING / MOBILITY:**

<b>Current Mobility Base:</b> <input type="checkbox"/> None <input type="checkbox"/> Dependent <input type="checkbox"/> Dependent with Tilt <input type="checkbox"/> Manual <input type="checkbox"/> Scooter <input type="checkbox"/> Power				<b>Type of Control:</b>			
<b>Manufacturer:</b>		<b>Model:</b>		<b>Serial #:</b>			
<b>Size:</b>		<b>Color:</b>		<b>Age:</b>			
<b>Current Condition of Mobility Base:</b>							
<b>Current Seating System:</b>				<b>Age of Seating System:</b>			
<b>COMPONENT</b>		<b>MANUFACTURER/CONDITION</b>					
Seat Base							
Cushion							
Back							
Lateral trunk supports							
Thigh support							
Knee support							
Foot Support							
Foot strap							
Head Support							
Pelvic Stabilization							
Anterior Chest/Shoulder Support							
UE Support							
Other							
<b>When relevant:</b>		<b>Overall seat height</b>	<b>Overall w/c length</b>	<b>Overall w/c width</b>			
<b>Describe posture in present seating system:</b>							

**WHEELCHAIR SKILLS:**

	Indep	Assist	Dependent/ unable	N/A	Comments
Bed ↔ w/c Chair Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
w/c ↔ Commode Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual w/c Propulsion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 <input type="checkbox"/> Safe <input type="checkbox"/> Functional Distance:
Operate Scooter	<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: 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 Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Safe <input type="checkbox"/> Functional Distance
<b>Additional Comments:</b>					

**MOBILITY/BALANCE:**

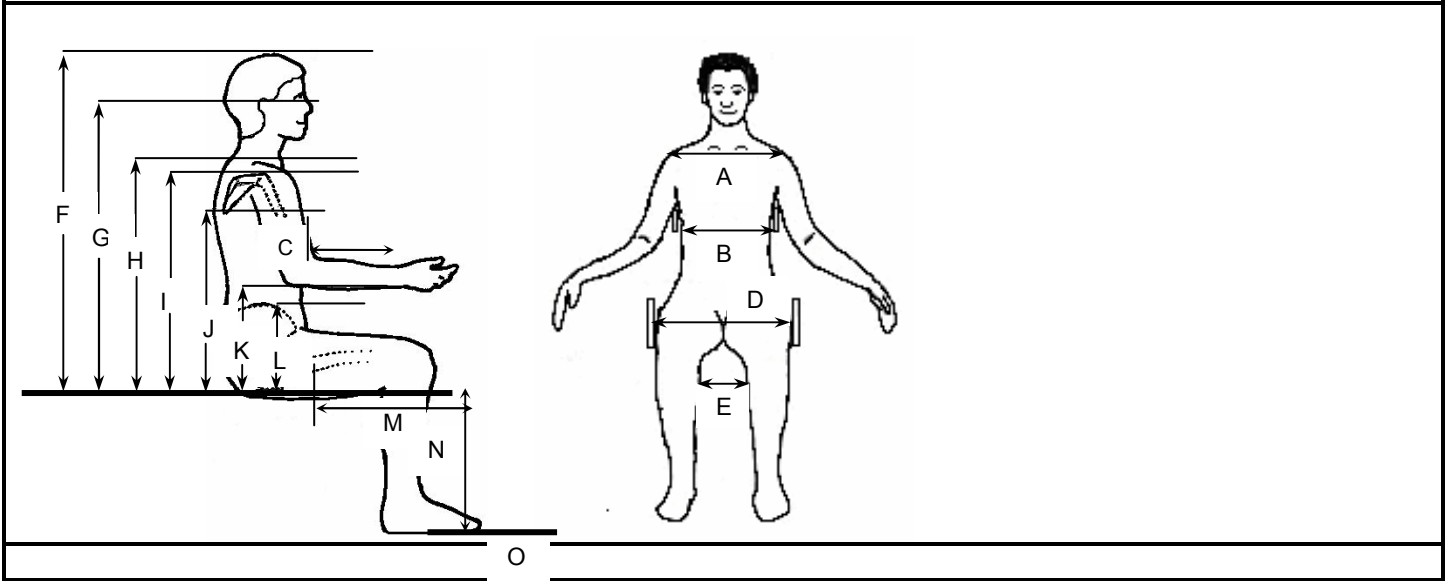
<b>Balance</b>		<b>Transfers</b>	<b>Ambulation</b>
Sitting Balance:	Standing Balance	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent
<input type="checkbox"/> WFL	<input type="checkbox"/> WFL	<input type="checkbox"/> Min Assist	<input type="checkbox"/> Ambulates with Asst
<input type="checkbox"/> Uses UE for balance in sitting	<input type="checkbox"/> Min assist	<input type="checkbox"/> Mod Asst	<input type="checkbox"/> Ambulates with Device
<input type="checkbox"/> Min Assist	<input type="checkbox"/> Mod assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Indep. Short Distance Only
<input type="checkbox"/> Mod Assist	<input type="checkbox"/> Max assist	<input type="checkbox"/> Dependent	<input type="checkbox"/> Unable to Ambulate
<input type="checkbox"/> Max Assist	<input type="checkbox"/> Unable	<input type="checkbox"/> Sliding Board	
<input type="checkbox"/> Unable		<input type="checkbox"/> Lift / Sling Required	
<b>Comments:</b>			

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**MAT EVALUATION:**



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

Additional Comments:




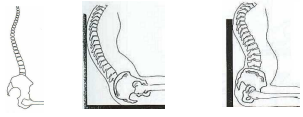


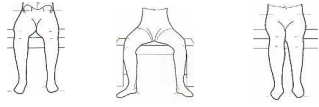

**Hamstring flexibility: Pelvis to thigh angle**  accommodate greater than 90 **Thigh to calf angle**  accommodate less than 90

**DESCRIBE REFLEXES/TONAL INFLUENCE ON BODY:**

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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"/> I 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 Range of motion Limitations:</b>
<b>K N E E S &amp; F E E T</b>	<b>Knee R.O.M.</b>		<b>Foot Positioning</b>
	Left                      Right <input type="checkbox"/> WFL <input type="checkbox"/> WFL <input type="checkbox"/> Limitations <input type="checkbox"/> Limitations		<input type="checkbox"/> WFL <input type="checkbox"/> L <input type="checkbox"/> R ROM concerns: Dorsi-Flexed <input type="checkbox"/> L <input type="checkbox"/> R Plantar Flexed <input type="checkbox"/> L <input type="checkbox"/> R Inversion <input type="checkbox"/> L <input type="checkbox"/> R Eversion <input type="checkbox"/> L <input type="checkbox"/> R

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POSTURE:			COMMENTS:										
<b>HEAD &amp; NECK</b>  <input type="checkbox"/> Functional  <input type="checkbox"/> Flexed <input type="checkbox"/> Extended <input type="checkbox"/> Rotated L <input type="checkbox"/> Lat Flexed L <input type="checkbox"/> Rotated R <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	<b>Describe Tone/Movement of head and Neck:</b>											
				<b>UPPER EXTREMITY</b>  <b>SHOULDERS</b>  <table border="0"> <tr> <td><b>Left</b></td> <td><b>Right</b></td> </tr> <tr> <td><input type="checkbox"/> Functional</td> <td><input type="checkbox"/> Functional</td> </tr> <tr> <td><input type="checkbox"/> elev / dep</td> <td><input type="checkbox"/> elev / dep</td> </tr> <tr> <td><input type="checkbox"/> pro-retract</td> <td><input type="checkbox"/> pro-retract</td> </tr> <tr> <td><input type="checkbox"/> subluxed</td> <td><input type="checkbox"/> subluxed</td> </tr> </table>	<b>Left</b>	<b>Right</b>	<input type="checkbox"/> Functional	<input type="checkbox"/> Functional	<input type="checkbox"/> elev / dep	<input type="checkbox"/> elev / dep	<input type="checkbox"/> pro-retract	<input type="checkbox"/> pro-retract	<input type="checkbox"/> subluxed
<b>Left</b>	<b>Right</b>												
<input type="checkbox"/> Functional	<input type="checkbox"/> Functional												
<input type="checkbox"/> elev / dep	<input type="checkbox"/> elev / dep												
<input type="checkbox"/> pro-retract	<input type="checkbox"/> pro-retract												
<input type="checkbox"/> subluxed	<input type="checkbox"/> subluxed												
<b>ELBOWS</b>  <table border="0"> <tr> <td><b>Left</b></td> <td><b>Right</b></td> </tr> </table>	<b>Left</b>	<b>Right</b>	<b>R.O.M.</b>  <b>Strength concerns:</b>										
<b>Left</b>	<b>Right</b>												
<b>WRIST &amp; HAND</b>  <table border="0"> <tr> <td><b>Left</b></td> <td><b>Right</b></td> </tr> <tr> <td><input type="checkbox"/> Fisting</td> <td></td> </tr> </table>	<b>Left</b>	<b>Right</b>	<input type="checkbox"/> Fisting		<b>Strength / Dexterity:</b>								
<b>Left</b>	<b>Right</b>												
<input type="checkbox"/> Fisting													

<b>Goals for Wheelchair Mobility</b> <input type="checkbox"/> Independence with mobility in the home and in the community <input type="checkbox"/> Independence with mobility in the community <input type="checkbox"/> Provide dependent mobility <input type="checkbox"/> Provide dependent mobility that allows change of position in space <input type="checkbox"/>
<b>Goals for Seating system</b> <input type="checkbox"/> Optimize pressure distribution <input type="checkbox"/> Provide support needed for posture to facilitate function <input type="checkbox"/> Provide corrective forces to assist with maintaining or improving posture <input type="checkbox"/> Accommodate client's posture; current seated postures and positions are not flexible <input type="checkbox"/> Client to be independent with relieving pressure in the wheelchair <input type="checkbox"/>
<b>Simulation ideas:</b>  <b>Equipment trials:</b>  <b>State why other equipment was unsuccessful:</b>

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**MOBILITY BASE RECOMMENDATIONS and JUSTIFICATION**

<b>MOBILITY BASE</b>	<b>JUSTIFICATION</b>	
<b>Manufacturer:</b> <b>Model:</b> Size: Width Seat Depth	<input type="checkbox"/> provide transport from point A to B <input type="checkbox"/> promote Indep mobility <input type="checkbox"/> is not a safe, functional ambulator	<input type="checkbox"/> non-standard width/depth necessary to accommodate anatomical measurement <input type="checkbox"/>
<input type="checkbox"/> <b>Manual Mobility Base</b>	<input type="checkbox"/> non-functional ambulator <input type="checkbox"/>	
<input type="checkbox"/> <b>Power Mobility Base</b>	<input type="checkbox"/> non-ambulatory <input type="checkbox"/> can not propel manual wheelchair	
<input type="checkbox"/> <b>Scooter/POV</b>	<input type="checkbox"/> can safely operate <input type="checkbox"/> can safely transfer <input type="checkbox"/> has adequate trunk stability <input type="checkbox"/> can not propel manual wheelchair <input type="checkbox"/>	
<input type="checkbox"/> <b>Stroller Base</b>	<input type="checkbox"/> infant/child <input type="checkbox"/> unable to propel manual wheelchair <input type="checkbox"/> allows for growth <input type="checkbox"/> non-functional ambulatory <input type="checkbox"/>	
<input type="checkbox"/> <b>Transportation tie-down option</b>	<input type="checkbox"/> to provide crash tested tie down brackets	
<b>Tilt Base or added</b> <input type="checkbox"/> Forward <input type="checkbox"/> Backward <input type="checkbox"/> Powered tilt on powered chair <input type="checkbox"/> Powered tilt on manual chair <input type="checkbox"/> Manual tilt on manual 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"/> 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"/> Manual recline on manual 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"/> head positioning <input type="checkbox"/> rest periods <input type="checkbox"/> repositioning for transfers or clothing/diaper /catheter changes <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"/> raise height for communication at standing level <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"/> allows "hooking" to enable increased ability to perform ADLs or maintain balance	
<b>Lighter weight required</b>	<input type="checkbox"/> self propulsion <input type="checkbox"/> lifting <input type="checkbox"/>	
<b>Heavy Duty required</b>	<input type="checkbox"/> user weight greater than 250 pounds <input type="checkbox"/> extreme tone <input type="checkbox"/> over active movement <input type="checkbox"/> broken frame on previous chair <input type="checkbox"/> multiple seat functions <input type="checkbox"/>	
<b>Specific seat height required</b> Floor to seat height	<input type="checkbox"/> foot propulsion <input type="checkbox"/> transfers <input type="checkbox"/> accommodation of leg length <input type="checkbox"/> access to table or desk top <input type="checkbox"/>	
<b>Rear wheel placement/Axle adjustability</b> <input type="checkbox"/> None <input type="checkbox"/> semi adjustable <input type="checkbox"/> fully adjustable	<input type="checkbox"/> improved UE access to wheels <input type="checkbox"/> improved stability <input type="checkbox"/> changing angle in space for improvement with postural stability <input type="checkbox"/> 1-arm drive access <input type="checkbox"/> amputee placement <input type="checkbox"/>	
<b>Angle Adjustable Back</b>	<input type="checkbox"/> postural control <input type="checkbox"/> control of tone/spasticity <input type="checkbox"/> accommodation of range of motion <input type="checkbox"/> UE functional control <input type="checkbox"/> accommodation for seating system <input type="checkbox"/>	

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MOBILITY BASE	JUSTIFICATION	
<p><b>POWER WHEELCHAIR CONTROLS</b></p> <p><input type="checkbox"/> Proportional Type</p> <p>Body Parts <input type="checkbox"/>Left <input type="checkbox"/>Right</p> <p><input type="checkbox"/> Non-Proportional/switches Type</p> <p>Body Parts</p> <p><b>Upgraded Electronics</b> <input type="checkbox"/></p> <p><input type="checkbox"/> Display box</p> <p><input type="checkbox"/> Digital interface electronics</p> <p><input type="checkbox"/> ASL Head Array</p> <p><input type="checkbox"/> Sip and puff tubing kit</p> <p><input type="checkbox"/> Upgraded tracking electronics</p> <p><input type="checkbox"/> Safety Reset Switches</p> <p><input type="checkbox"/> Single or Multiple Actuator Control Module</p>	<p><input type="checkbox"/> provides access for controlling wheelchair</p> <p><input type="checkbox"/> lacks motor control to operate proportional drive control</p> <p><input type="checkbox"/> unable to understand proportional controls</p> <p><input type="checkbox"/> programming for accurate control</p> <p><input type="checkbox"/> progressive Disease/changing condition</p> <p><input type="checkbox"/> Needed in order to operate power/tilt through joystick control</p> <p><input type="checkbox"/> Allows user to see in which mode and drive the wheelchair is set; necessary for alternate controls</p> <p><input type="checkbox"/> Allows w/c to operate when using alternative drive controls</p> <p><input type="checkbox"/> Allows client 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</p> <p><input type="checkbox"/> correct tracking when on uneven surfaces</p> <p><input type="checkbox"/> Used to change modes and stop the wheelchair when driving in latch mode</p> <p><input type="checkbox"/> Allow the client to operate the power seat function(s) through the joystick control</p>	<p><input type="checkbox"/> non-proportional drive control needed</p>
<p><input type="checkbox"/> Mount for switches or joystick</p>	<p><input type="checkbox"/> Attaches switches to w/c</p> <p><input type="checkbox"/> Swing away for access or transfers</p>	<p><input type="checkbox"/> midline for optimal placement</p> <p><input type="checkbox"/> provides for consistent access</p>
<p><b>Attendant controlled joystick plus mount</b></p>	<p><input type="checkbox"/> safety</p> <p><input type="checkbox"/> long distance driving</p> <p><input type="checkbox"/> operation of seat functions</p>	<p><input type="checkbox"/> compliance with transportation regulations</p> <p><input type="checkbox"/></p>
<p><b>Battery</b></p>	<p><input type="checkbox"/> power motor on wheelchair</p>	
<p><b>Charger</b></p>	<p><input type="checkbox"/> charge battery for wheelchair</p>	

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MOBILITY BASE	JUSTIFICATION	
<b>Push rim active assist</b>	<input type="checkbox"/> enable propulsion of manual wheelchair on sloped terrain	<input type="checkbox"/> enable propulsion of manual wheelchair for distance
<b>Hangers/ Leg rests</b> <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 90 <input type="checkbox"/> elevating <input type="checkbox"/> heavy duty <input type="checkbox"/> articulating <input type="checkbox"/> fixed <input type="checkbox"/> lift off <input type="checkbox"/> swing away <input type="checkbox"/> rotational hanger brackets <input type="checkbox"/> adjustable knee angle <input type="checkbox"/> adjustable calf panel <input type="checkbox"/> Longer extension tube	<input type="checkbox"/> provide LE support <input type="checkbox"/> accommodate to hamstring tightness <input type="checkbox"/> elevate legs during recline <input type="checkbox"/> provide change in position for Les <input type="checkbox"/> Maintain placement of feet on footplate <input type="checkbox"/> Accommodate lower leg length	<input type="checkbox"/> durability <input type="checkbox"/> enable transfers <input type="checkbox"/> decrease edema <input type="checkbox"/>
<b>Foot support</b> <input type="checkbox"/> adjustable Footplate <input type="checkbox"/> R <input type="checkbox"/> L <input type="checkbox"/> flip up <input type="checkbox"/> depth/angle adjustable	<input type="checkbox"/> provide foot support <input type="checkbox"/> accommodate to ankle ROM <input type="checkbox"/> allow foot to go under wheelchair base	<input type="checkbox"/> transfers <input type="checkbox"/>
<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 of height/angles for variable activities	<input type="checkbox"/> remove for transfers <input type="checkbox"/> allow to come closer to table top <input type="checkbox"/> remove for access to tables <input type="checkbox"/>
<b>Side guards</b>	<input type="checkbox"/> prevent clothing getting caught in wheel or becoming soiled	
<b>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 for seating system to fit on base	<input type="checkbox"/> increase propulsion ability <input type="checkbox"/> maintenance <input type="checkbox"/>
<b>Quick Release Wheels</b>	<input type="checkbox"/> allows 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 <input type="checkbox"/> vertical projections <input type="checkbox"/> oblique projections	<input type="checkbox"/> Provide ability to propel manual wheelchair	<input type="checkbox"/> Increase self-propulsion with hand weakness/decreased grasp
<b>Tires:</b> <input type="checkbox"/> 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 from road shock <input type="checkbox"/> decrease spasms from road shock <input type="checkbox"/>
<b>Caster housing:</b> <b>Caster size:</b> <b>Style:</b>	<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 from road shock <input type="checkbox"/> decrease spasms from road shock <input type="checkbox"/> allow for feet to come under wheelchair base <input type="checkbox"/> allows change in seat to floor height <input type="checkbox"/>
<b>Shock absorbers</b>	<input type="checkbox"/> decrease vibration	<input type="checkbox"/> provide smoother ride over rough terrain
<b>Spoke Protector</b>	<input type="checkbox"/> prevent hands from getting caught in spokes <input type="checkbox"/>	<input type="checkbox"/>
<b>One armed device</b> <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> enable propulsion of manual wheelchair with one arm	<input type="checkbox"/> delete <input type="checkbox"/>
<b>Anti-tippers</b>	<input type="checkbox"/> prevent wheelchair from tipping backward	<input type="checkbox"/>

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MOBILITY BASE	JUSTIFICATION	
Amputee adapter	<input type="checkbox"/> Provide support for stump/residual extremity	
<input type="checkbox"/> Crutch/cane holder <input type="checkbox"/> Cylinder holder <input type="checkbox"/> IV hanger	<input type="checkbox"/> Stabilize accessory on wheelchair	
Brake/wheel lock extension <input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> increase indep in applying wheel locks
Other:		
Other:		

**SEATING COMPONENT RECOMMENDATIONS AND JUSTIFICATION**

Component	Manuf/mod/size	Justification	
<b>Seat Cushion</b>		<input type="checkbox"/> accommodate impaired sensation <input type="checkbox"/> decubitus ulcers present <input type="checkbox"/> prevent pelvic extension <input type="checkbox"/> low maintenance	<input type="checkbox"/> stabilize pelvis <input type="checkbox"/> accommodate obliquity <input type="checkbox"/> accommodate multiple deformity <input type="checkbox"/> neutralize LE <input type="checkbox"/> increase pressure distribution <input type="checkbox"/>
<b>Seat Wedge</b>		<input type="checkbox"/> accommodate ROM	<input type="checkbox"/> Provide increased aggressiveness of seat shape to decrease sliding down in the seat
<b>Cover Replacement</b>		<input type="checkbox"/> protect back or seat cushion	<input type="checkbox"/>
<b>Mounting hardware</b> <input type="checkbox"/> lateral trunk 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 for:	<input type="checkbox"/> attach seat platform/cushion to w/c frame <input type="checkbox"/> attach back cushion to w/c frame	<input type="checkbox"/> mount headrest <input type="checkbox"/> swing medial thigh support away <input type="checkbox"/> swing lateral supports away for transfers
<b>Solid Seat</b>		<input type="checkbox"/> support cushion to prevent hammocking	<input type="checkbox"/>
<b>Back</b>		<input type="checkbox"/> provide lateral trunk support <input type="checkbox"/> accommodate deformity <input type="checkbox"/> accommodate or decrease tone <input type="checkbox"/> facilitate tone	<input type="checkbox"/> provide posterior trunk support <input type="checkbox"/> provide lumbar/sacral support <input type="checkbox"/> support trunk in midline <input type="checkbox"/>
<b>Lateral pelvic/thigh support</b>		<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"/>
<b>Medial Knee 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"/> position foot <input type="checkbox"/> accommodate deformity	<input type="checkbox"/> stability <input type="checkbox"/> decrease tone <input type="checkbox"/> control position
<b>Ankle strap/heel loops</b>		<input type="checkbox"/> support foot on foot support <input type="checkbox"/> decrease extraneous movement	<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"/> accom asymmetry <input type="checkbox"/> contour for increased contact	<input type="checkbox"/> safety <input type="checkbox"/> control of tone <input type="checkbox"/>

Name:

RIC MR#:

Insurance/recipient #

Component	Manuf/mod/size	Justification	
<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"/> added abdominal support <input type="checkbox"/> alignment <input type="checkbox"/> assistance with shoulder control <input type="checkbox"/> decrease shoulder elevation <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"/> 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
<b>Neck Support</b>		<input type="checkbox"/> decrease neck rotation	<input type="checkbox"/> decrease forward neck flexion
<b>Upper Extremity Support</b> <input type="checkbox"/> Arm trough <input type="checkbox"/> Posterior hand support <input type="checkbox"/> ½ 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"/> decrease gravitational pull on shoulders <input type="checkbox"/> provide midline positioning <input type="checkbox"/> provide support to increase UE function <input type="checkbox"/> provide hand support in natural position
<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"/> pad for protection over boney prominence <input type="checkbox"/> prominence comfort <input type="checkbox"/> special pull angle to control rotation <input type="checkbox"/>
<b>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"/>
<b>Other</b>			

<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>
<b>Physician Address:</b>	<b>Physician Phone:</b>	