



Wheelchair and Seating Evaluation and Justification

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

PATIENT INFORMATION:

Name:	DOB:	Sex:	Date seen:	Time:
Address:	Physician:		<i>This evaluation/justification form will serve as the LMN for the following suppliers:</i>	
	Seating Therapist: Phone:			
Phone:	Primary Therapist:		Supplier: Contact Person: Phone: <input type="checkbox"/> Rehabilitation Engineering Program or 2 nd supplier Contact Person: Phone :	
Spouse/Parent/Caregiver name:	Insurance/Payer:			
Phone number:	Recipient #			
Reason for Referral				
Patient Goals:				
Caregiver goals and specific limitations that may effect care:				

MEDICAL HISTORY:

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

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
Comments: _____	

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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:

Current Mobility Base: None Dependent Dependent with Tilt Manual Scooter Power Type of Control:

Manufacturer: Model: Serial #:

Size: Color: Age:

Current Condition of Mobility Base:

Current Seating System: Age of Seating System:

COMPONENT	MANUFACTURER/CONDITION
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	

When relevant: Overall seat height Overall w/c length Overall w/c width

Describe posture in present seating system:

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"/> UE or LE strength and endurance sufficient to participate in ADLs 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
Operate Scooter	<input type="checkbox"/> Strength, hand grip, balance , transfer appropriate for use. <input type="checkbox"/> Living environment appropriate for scooter use.				
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

MOBILITY/BALANCE:

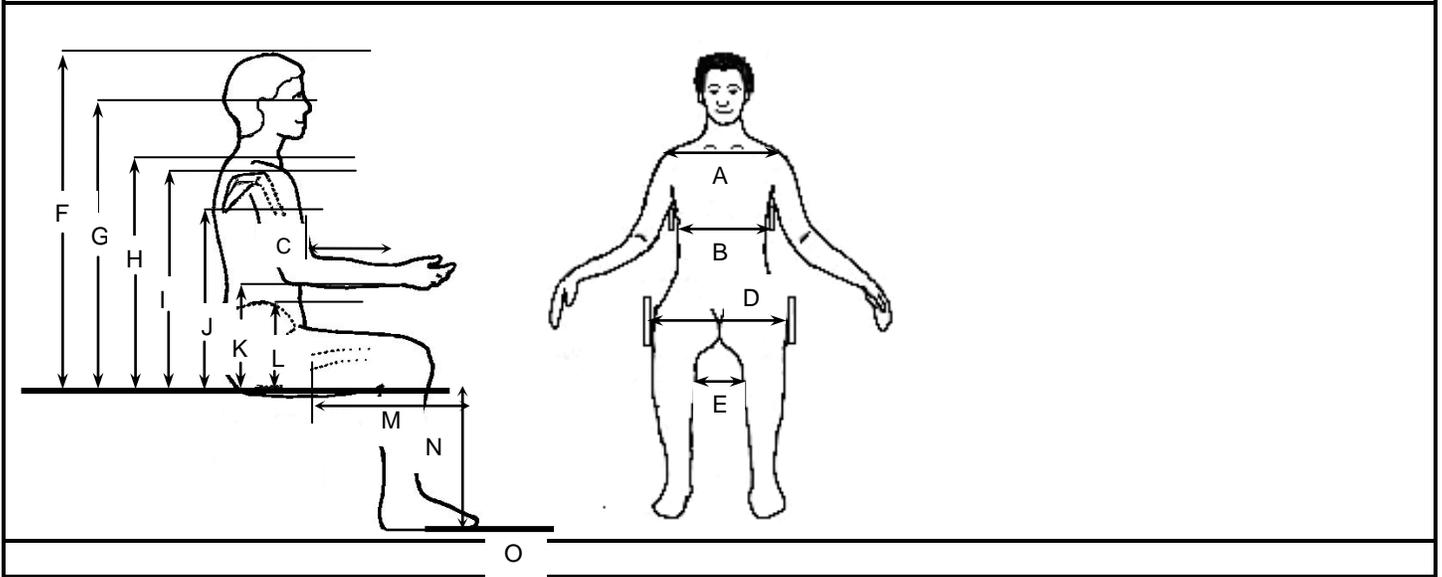
Balance		Transfers	Ambulation
Sitting Balance:	Standing Balance	<input type="checkbox"/> Independent	<input type="checkbox"/> Independent
<input type="checkbox"/> WFL	<input type="checkbox"/> WFL	<input type="checkbox"/> Min Assist	<input type="checkbox"/> Ambulates with Asst
<input type="checkbox"/> 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	
Comments:			

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MAT EVALUATION:



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

Additional Comments:

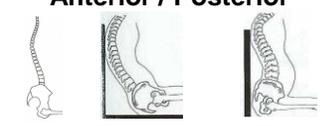
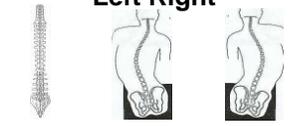
Hamstring flexibility: Pelvis to thigh angle accommodate greater than 90 **Thigh to calf angle** accommodate less than 90

DESCRIBE REFLEXES/TONAL INFLUENCE ON BODY:

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POSTURE:			COMMENTS:
P E L V I S	Anterior / Posterior	Obliquity	Rotation-Pelvis
	 <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
T R U N K	Anterior / Posterior	Left Right	Rotation-shoulders and upper trunk
	 <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
Describe LE Neurological Influence/Tone:			
H I P S	Position	Windswept	Hip Flexion/Extension Limitations:
	 <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	Hip Internal/External Range of motion Limitations:
K N E E S & F E E T	Knee R.O.M.		Foot Positioning
	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:				
HEAD & NECK	<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	Describe Tone/Movement of head and Neck: Describe Tone/Movement of UE: 				
	Upper Extremity	SHOULDERS <table border="0"> <tr> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td> <input type="checkbox"/> Functional <input type="checkbox"/> elev / dep <input type="checkbox"/> pro-retract <input type="checkbox"/> subluxed </td> <td> <input type="checkbox"/> Functional <input type="checkbox"/> elev / dep <input type="checkbox"/> pro-retract <input type="checkbox"/> subluxed </td> </tr> </table>		Left	Right	<input type="checkbox"/> Functional <input type="checkbox"/> elev / dep <input type="checkbox"/> pro-retract <input type="checkbox"/> subluxed	<input type="checkbox"/> Functional <input type="checkbox"/> elev / dep <input type="checkbox"/> pro-retract <input type="checkbox"/> subluxed
Left	Right						
<input type="checkbox"/> Functional <input type="checkbox"/> elev / dep <input type="checkbox"/> pro-retract <input type="checkbox"/> subluxed	<input type="checkbox"/> Functional <input type="checkbox"/> elev / dep <input type="checkbox"/> pro-retract <input type="checkbox"/> subluxed						
	ELBOWS <table border="0"> <tr> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td></td> <td></td> </tr> </table>	Left	Right			R.O.M. Strength concerns:	
Left	Right						
WRIST & HAND	<table border="0"> <tr> <td style="text-align: center;">Left</td> <td style="text-align: center;">Right</td> </tr> <tr> <td><input type="checkbox"/> Fisting</td> <td></td> </tr> </table>	Left	Right	<input type="checkbox"/> Fisting		Strength / Dexterity:	
Left	Right						
<input type="checkbox"/> Fisting							

Goals for Wheelchair Mobility <input type="checkbox"/> Independence with mobility in the home and motor related ADLs (MRADLs) in the community <input type="checkbox"/> Independence with MRADLs in the community <input type="checkbox"/> Provide dependent mobility <input type="checkbox"/> Provide recline <input type="checkbox"/> Provide tilt <input type="checkbox"/>
Goals for Seating system <input type="checkbox"/> Optimize pressure distribution <input type="checkbox"/> Provide support needed to facilitate function or safety <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 or will not tolerate corrective forces <input type="checkbox"/> Client to be independent with relieving pressure in the wheelchair <input type="checkbox"/> Enhance physiological function such as breathing, swallowing, digestion
Simulation ideas: Equipment trials: State why other equipment was unsuccessful:

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MOBILITY BASE RECOMMENDATIONS and JUSTIFICATION

MOBILITY BASE	JUSTIFICATION	
Manufacturer: Model: Color: 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"/> walker or cane inadequate	<input type="checkbox"/> non-standard width/depth necessary to accommodate anatomical measurement <input type="checkbox"/>
<input type="checkbox"/> Manual Mobility Base	<input type="checkbox"/> non-functional ambulator	
<input type="checkbox"/> Scooter/POV	<input type="checkbox"/> can safely operate <input type="checkbox"/> can safely transfer	<input type="checkbox"/> has adequate trunk stability <input type="checkbox"/> can not functionally propel manual wheelchair
<input type="checkbox"/> Power Mobility Base	<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"/> Stroller Base	<input type="checkbox"/> infant/child <input type="checkbox"/> unable to propel manual wheelchair <input type="checkbox"/> allows for growth	<input type="checkbox"/> non-functional ambulator <input type="checkbox"/> non-functional UE <input type="checkbox"/> Indep mobility is not a goal at this time
Tilt Base or added <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"/>
Recline <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"/> rest periods <input type="checkbox"/> repositioning for transfers or clothing/diaper /catheter changes <input type="checkbox"/> head positioning
<input type="checkbox"/> Transportation tie-down option	<input type="checkbox"/> to provide crash tested tie down brackets	
Elevator on Mobility Base <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"/>
Push handles <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
<input type="checkbox"/> Lighter weight required	<input type="checkbox"/> self propulsion <input type="checkbox"/> lifting	<input type="checkbox"/>
<input type="checkbox"/> Heavy Duty required	<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"/>
<input type="checkbox"/> Specific seat height required 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"/>
Rear wheel placement/Axle adjustability <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 of postural stability	<input type="checkbox"/> 1-arm drive access <input type="checkbox"/> amputee placement <input type="checkbox"/>

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

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Battery	<input type="checkbox"/> power motor on wheelchair	
MOBILITY BASE	JUSTIFICATION	
Charger	<input type="checkbox"/> charge battery for wheelchair	
Push rim active assist	<input type="checkbox"/> enable propulsion of manual wheelchair on sloped terrain	<input type="checkbox"/> enable propulsion of manual wheelchair for distance
Hangers/ Leg rests <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"/> durability <input type="checkbox"/> enable transfers <input type="checkbox"/> decrease edema <input type="checkbox"/> Accommodate lower leg length <input type="checkbox"/>
Foot support <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"/>
Armrests <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"/>
Side guards	<input type="checkbox"/> prevent clothing getting caught in wheel or becoming soiled	
Wheel size: Wheel Style <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"/>
Quick Release Wheels	<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"/>
Wheel rims/ hand rims <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
Tires: <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"/>
Caster housing: Caster size: Style:	<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"/>
Shock absorbers	<input type="checkbox"/> decrease vibration	<input type="checkbox"/> provide smoother ride over rough terrain
Spoke Protector	<input type="checkbox"/> prevent hands from getting caught in spokes	<input type="checkbox"/>
One armed device <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> enable propulsion of manual wheelchair with one arm	<input type="checkbox"/>
Anti-tippers	<input type="checkbox"/> prevent wheelchair from tipping backward	<input type="checkbox"/>
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"/> Stabilize accessory on wheelchair	

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<input type="checkbox"/> IV hanger		
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	
Seat Cushion		<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"/>
Seat Wedge		<input type="checkbox"/> accommodate ROM	<input type="checkbox"/> Provide increased aggressiveness of seat shape to decrease sliding down in the seat
Cover Replacement		<input type="checkbox"/> protect back or seat cushion	<input type="checkbox"/>
Mounting hardware <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
<input type="checkbox"/> Seat Board <input type="checkbox"/> Back Board		<input type="checkbox"/> support cushion to prevent hammocking	<input type="checkbox"/> allows attachment of cushion to mobility base
Back		<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"/>
Lateral pelvic/thigh support		<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"/>
Medial Knee Support		<input type="checkbox"/> decrease adduction <input type="checkbox"/> accommodate ROM	<input type="checkbox"/> remove for transfers <input type="checkbox"/> alignment
Foot Support		<input type="checkbox"/> position foot <input type="checkbox"/> accommodate deformity	<input type="checkbox"/> stability <input type="checkbox"/> decrease tone <input type="checkbox"/> control position
Ankle strap/heel loops		<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
Lateral trunk Supports	<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"/>
Anterior chest strap, vest, or shoulder retractors		<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"/>

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Component	Manuf/mod/size	Justification	
Headrest		<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
Neck Support		<input type="checkbox"/> decrease neck rotation	<input type="checkbox"/> decrease forward neck flexion
Upper Extremity Support <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
Pelvic Positioner <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"/>
Bag or pouch		Holds: <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			

--The above equipment has a life- long use expectancy. Growth and changes in medical and/or functional conditions would be the exceptions.

Patient/Client/Caregiver Signature:		Date:
Therapist Name Printed:		
Therapist's Signature		Date:
Supplier's Name Printed:		
Supplier's Signature:		Date:

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

Physician's Name Printed:		
Physician's Signature:		Date: