Functional Mobility Evaluation

Name:	Date:
Date of Birth:	Recipient ID:

Sex:	Height:	Weight:

All clients are evaluated as individuals. Each piece of equipment has certain functional uses which may be the same from client to client. This similarity of function allows the development of this form, which is filled out specifically for the client indicated.

MEDICAL JUSTIFICATION

Diagnosis and ICD-9-CM code:
Significant medical complications:
Contracture / scoliosis (indicate degrees):
Physical capabilities:

Therapist's Name	Referring Physician
Therapist's Provider Number	Referring Physician's Provider Number
Signature	Signature
Date	Date
Rehab Technology Supplier	Date

NEEDS ASSESSMENT

Present Wheelchair	Problems

List all positioning equipment currently in use by the client:

Living situation and transportation method evaluated for compatibility with equipment:
☐ Yes ☐ No Explain:

Less costly alternatives considered: ☐ Yes ☐ No Explain:

Trialed equipment and results of trial:

How long (in years) will this chair be used?	How long is the chair expected to last?

Additional information:

PRESCRIPTION

This client will need:
- ☐ New chair
- ☐ Modifications
- ☐ Repairs
- ☐ Clean, lube, overhaul

Reason:
- ☐ Client has outgrown chair.
- ☐ Client cannot functionally ambulate.
- ☐ Client is not functional in home.

SPECIFICATIONS

Manual Chair

Frame:

☐ Standard ☐ Tilt in space ☐ Adjustable axle position

☐ Hem-height: Lower leg length _____

☐ Heavy Duty: Weight _____

Justification:
- ☐ Can self-propel.
- ☐ Has difficulty accessing the wheel due to size, age, or length of reach.
- ☐ Has limited endurance.
- ☐ Lacks strength to propel a heavy chair functionally.
- ☐ Has abnormal patterns so strong that a regular frame would break.
- ☐ Propels chair with feet.
- ☐ Can't sustain upright posture against gravity due to motor impairment or weakness.
- ☐ Due to scoliosis, must intermittently relieve direct downward pull of gravity.
- ☐ Has a gastrostomy and must be tilted to be fed.
- ☐ Has seizures and must be tilted for post ictal sleep.
- ☐ Other: _____

Powered Mobility

Type: _____ ☐ For longer than 6 months

Justification:
- ☐ Lacks physical strength / motor control to propel a manual chair.
- ☐ Cannot achieve independent mobility in manual chair.
- ☐ Lacks endurance to be functional in a manual chair.
- ☐ Lacks respiratory / cardiovascular function to propel a manual chair.
- ☐ Would be bed- or chair-confined without use of a manual or powered chair.
- ☐ Has sufficient judgment to operate a powered chair in daily activities.
- ☐ Can utilize the standard controls.
- ☐ Requires specialty controls (type): _____
- ☐ In trial, has demonstrated ability to drive and potential for learning.
- ☐ Other: _____

Seating

Wheelchair seating must support the client in the most functional and least deforming position possible. An erect, symmetrical pelvis with a straight, erect spine and stable head are basic to these goals. To achieve the best possible postural alignment and stability, as well as mobility, this client will need:

☐ **Solid Seat**
- ☐ With an ischial shelf.
- ☐ With a Jay base. Type: _____

☐ **Custom Contour.** Type: _____

☐ **Vinyl cover only** to support pressure relief cushion. Type: _____

☐ **Soft or Sling Seat. Type:** _____
- ☐ Client cannot tolerate other seating.
- ☐ Client needs adjustability to accommodate deformities.
- ☐ Other: _____

☐ **Seating System Hardware.**
- ☐ Type: ❍Standard ❍ Adjustable
- ☐ Allows for: ❍ Growth ❍ Adjustability
- ☐ Other: _____

This seat will provide client with:

- ☐ Good postural alignment to keep spine as straight as possible.
- ☐ Good pelvic alignment.
- ☐ Reduced sliding/thrusting out of chair.
- ☐ Minimized posterior pelvic tilt.
- ☐ Reduced asymmetry.
- ☐ Maximum stability for function.
- ☐ Maximal support for severe problems with postural alignment and control.
- ☐ Reduced risk of skin breakdown (time limit up without cushion).
- ☐ Reduced pain (time limit up without cushion).
- ☐ Assistance in healing decubiti (size and stage of ulcer).
- ☐ Other: _____

Back

☐ **Solid Back with:**

☐ Biangular alignment ☐ Curve ☐ Jay back. Type: _____ ☐ Low / split ☐ Custom ☐ Other: _____

Client requires:

- ☐ Firm support for good spinal alignment.
- ☐ Room and encouragement to extend back to sit erect.
- ☐ Extra support because of poor postural control and/or scoliosis.
- ☐ Cues to find center and refine their postural control.
- ☐ Other: _____

☐ **Reclining Back: Spends at least 2 hours per day in wheelchair *and***

- ☐ Is a quadraplegic.
- ☐ Has a fixed hip angle.
- ☐ Has trunk or lower extremity casts/braces that require the reclining back for positioning.
- ☐ Has excess extensor tone of the trunk muscles ***and/or***
- ☐ Needs to rest in a recumbent position two or more times during the day and transfer between wheelchair and bed is difficult.

☐ **Sling or Soft Back. Type:** _____

- ☐ Needs pressure relief due to: _____
- ☐ Needs accommodation for severe dorsal kyphosis to bring face to perpendicular alignment.
- ☐ Other: _____

Head Rest

Type: _____

- ☐ Lacks head control and cannot hold head up without support.
- ☐ Has strong extensor thrust pattern that requires inhibition.
- ☐ Needs protection behind head for transport in motor vehicles.
- ☐ Other: _____

Lateral Supports

Pads at sides of body. Type: _____

- ☐ Lacks trunk control to maintain lateral stability.
- ☐ Has scoliosis which requires support.
- ☐ Needs guide to find midline.
- ☐ Other: _____

Hip Guides

- ☐ Lacks motor control/strength to center hips in chair.
- ☐ Has asymmetrical tone which causes hips to pull to one side, and may contribute to scoliosis.
- ☐ Other: _____

Adductors

Pads which hold client's legs together.

- ☐ Assumes a "frog leg" position of wide abduction (legs wide apart); this distorts pelvic alignment front to back, making it more difficult to achieve an erect pelvis which is necessary for an erect spine.
- ☐ Has wide abduction or movement which brings legs or feet into contact with wheels, brakes or other chair parts, risking injury.
- ☐ Has asymmetrical posture which pulls both legs to one side and requires a block to stay facing forward and minimize windswept deformity at the hip.
- ☐ Other: _____

Abductor

Pad which holds client's knees apart. Type: _____

- ☐ Has very strong adductor tone which locks knees together, narrowing base of support and reducing sitting ability.
- ☐ Has tight adductor muscles putting hips at risk for dislocation.
- ☐ Pulls one leg in, causing pelvic asymmetry.
- ☐ Needs modification so can operate independently for transfers.
- ☐ Other: _____

Seat Belt

- ☐ Single:
  - ☐ For safety and pelvic alignment and stability.
- ☐ Swedish or Double:
  - ☐ Decrease sliding/thrusting out of chair.
  - ☐ Decrease posterior pelvic tilt.
  - ☐ Decrease asymmetry.
  - ☐ Other: _____

Shoulder Harness or Horns

- ☐ Shoulder Harness
- ☐ Horns. Type: _____

Justification:

- ☐ Can't maintain erect posture without support because of lack of motor control or strength.
- ☐ Requires support for transportation.
- ☐ Other: _____

Solid Pelvic Stabilizer

Provides maximum control.

- ☐ Has very strong extensor thrust pattern which constantly lifts hips off seat.
- ☐ Has strong asymmetry, making good pelvic alignment difficult.
- ☐ Has very strong involuntary movements.
- ☐ Other: _____

Tray

Type: _____

- ☐ Stable portable surface for activities of daily living or schoolwork.
- ☐ Support under arms so weight of arms does not drag on shoulders and cause pain.
- ☐ Intermittently brace with arms to help maintain upright posture and relieve strain on back.
- ☐ Mounting for retraction pads.
- ☐ Mount ventilator.

Retraction Pads

To hold arms forward in functional position.

- ☐ Increased tone which pulls arms backward so hands cannot come to midline.
- ☐ Tone, strength or control is so poor that arms hang out to side and backward, causing pain and risking injury.
- ☐ Other: _____

Swing-Away Foot Rest

- ☐ Allow standing transfer.
- ☐ Improve safety of lifts.
- ☐ Allow removal for transport of chair.
- ☐ Other: _____

Solid Footboard

Type: _____

- ☐ Abnormal movement patterns are too strong and will break regular footrests.
- ☐ Uses footboard to transfer from floor.
- ☐ Other: _____

Elevating Leg Rests

- ☐ Meets criteria for a reclining back.
- ☐ Circulation is impaired and having feet dependent causes edema or sores.
- ☐ Knee extension contracture.
- ☐ Frequently or currently in a long leg cast.
- ☐ Has musculoskeletal condition.
- ☐ Other: _____

Feet Accessories

☐ Heel Loops ☐ Ankle Straps ☐ Shoe Holders

Justification:

- ☐ Needs help keeping feet on footrests.
- ☐ Legs flail and there is risk of injury.
- ☐ Needs stable foot position for functional activities.
- ☐ Needs foot alignment controlled for control of deformities.
- ☐ Other: _____

Wheel Modifications

☐ Quick-release axle ☐ Flat-free inserts ☐ 12-inch rear wheels ☐ Large front wheels

Justification:

- ☐ Can self-propel and must be able to reach wheels.
- ☐ Must meet school bus standards.
- ☐ Tires inflated asymmetrically cause chair to tilt and increase scoliosis risk.
- ☐ Reduces risk of finger injury.
- ☐ Chair does not fold; wheels must be removed to transport.
- ☐ Flat tire will strand client and make him/her unable to function.
- ☐ Other: _____

Armrests

☐ Flip-up ☐ Adjustable Height ☐ Swing-away, removable

Justification:

- ☐ Moves for transfer.
- ☐ Accommodates growth.
- ☐ Very stable for transfers.
- ☐ Height may be altered for function.
- ☐ Provides guard between client and wheels.