Intermediate Wheelchair Assessment Form

This form is for assessment of wheelchair users who cannot sit upright comfortably without support.
Keep this form in the wheelchair user's file.

Candidate ID Number: 1234 Date of assessment: 29 October 2015

1: Assessment Interview

Information about the wheelchair user

Case Study Number: Case Study 1 ☒ Case Study 2 ☐

Age: 7 Years Male ☒ Female ☐

Goals: to be able to go to school and play with friends

Physical

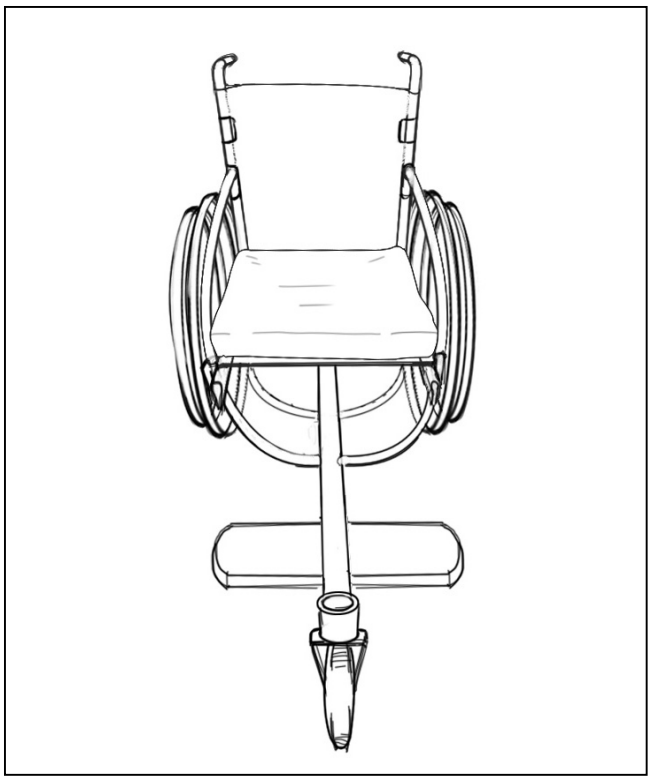
Diagnosis: Brain Injury ☐ Cerebral Palsy ☒ Muscular Dystrophy ☐ Polio ☐ Spina Bifida ☐
Spinal Cord Injury ☐ Stroke ☐ Unknown ☐ Other ☐ _____
Is the condition likely to become worse? Yes ☐ No ☒
Physical issues: Frail ☐ Spasms/uncontrolled movements ☐ Muscle tone (high/**low**) ☒
Lower limb amputation: R above knee ☐ R below knee ☐ L above knee ☐ L below knee ☐
Fatigue ☐ Hip dislocation ☐ Epilepsy ☐
Problems with eating, drinking and swallowing ☐ Describe: None
Pain ☐ Describe location: _____
Bladder problems ☒ Bowel problems ☒
If the wheelchair user has bladder or bowel problems, is this managed? Yes ☐ No ☒

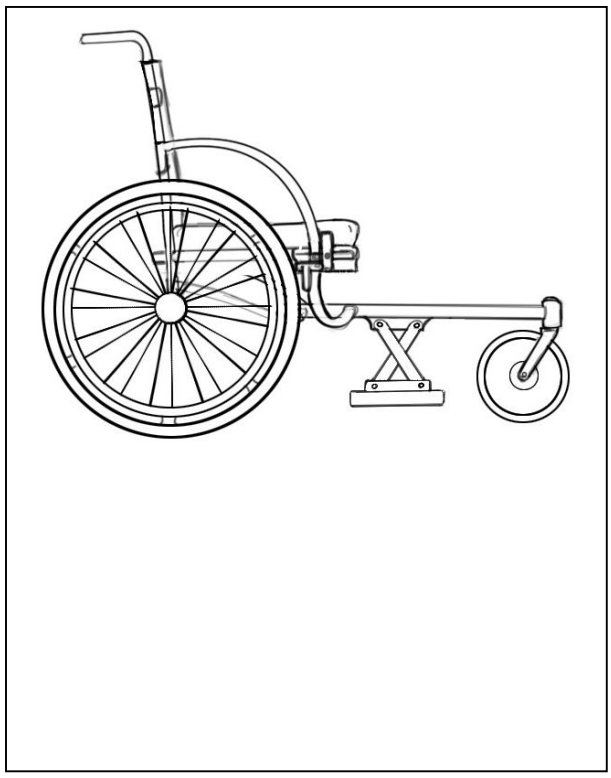
Lifestyle and environment

Describe where the wheelchair user will use their wheelchair: Urban area. At home and in school. Paved and hard packed gravel roads. Pavements often absent, and full of potholes. He can push short distances but needs to be pushed for longer distances and uneven terrain.
Distance travelled per day: Up to 1 km ☐ 1–5 km ☒ More than 5 km ☐
Hours per day using wheelchair: Less than 1 ☐ 1–3 ☐ 3–5 ☐ 5–8 ☒ more than 8 ☐
When out of the wheelchair, where does the wheelchair user sit or lie down and how (posture and surface)? The user is able to sit without support but tires easily. Can sit on the floor with his friends for certain activities. He sits with the trunk in forward flexion.
Transfer: Independent ☐ Assisted ☐ Standing ☐ Non-standing ☐ Lifted ☒ Other ☐
Type of toilet (if transferring to a toilet): Squat ☐ Western ☒ Adapted ☐
Does the wheelchair user often use public/private transport? Yes ☒ No ☐
If yes, then what kind: Car ☐ Taxi ☒ Bus ☐ Other _____

Existing wheelchair (if a person already has a wheelchair)

Attach photographs (front and side view) of the existing wheelchair.





Does the wheelchair meet the user's needs?	Yes ☐ No ☒
Does the wheelchair meet the user's environmental conditions?	Yes ☒ No ☐
Does the wheelchair provide proper fit and postural support?	Yes ☐ No ☒
Is the wheelchair safe and durable? (Consider whether there is a cushion)	Yes ☐ No ☒
Does the cushion provide proper pressure relief (if user has pressure sore risk)?	Yes ☐ No ☒

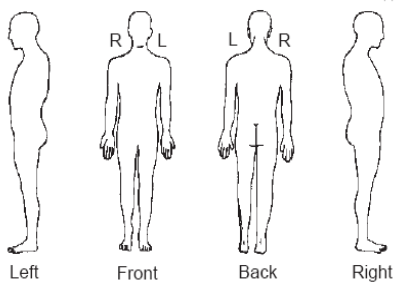
Comments: The existing wheelchair is a rigid frame wheelchair which makes it difficult to transport using public transport (e.g. going for therapy sessions and church). The wheelchair is very old and too small.

*If yes to all questions, the user may not need a new wheelchair. If no to any of these questions, the user needs a different wheelchair or cushion; **or** the existing wheelchair or cushion needs repairs or modifications.*

2: Physical Assessment

Presence, risk of or history of pressure sores

/// = does not feel O = previous pressure sore
● = existing pressure sore



Can feel normally?	Yes	☒	No	☐
Previous pressure sore?	Yes	☐	No	☒
Current pressure sore?	Yes	☐	No	☒
If yes, is it an open sore (stage 1–4)?	Yes	☐	No	☐

Duration and cause: N/A

Is this person **at risk*** of a pressure sore? **A person who cannot feel **or** has 3 or more risk factors is at risk. Risk factors: cannot move, moisture, poor posture, previous / current pressure sore, poor diet, ageing, under or over weight.* Yes ☒ No ☐

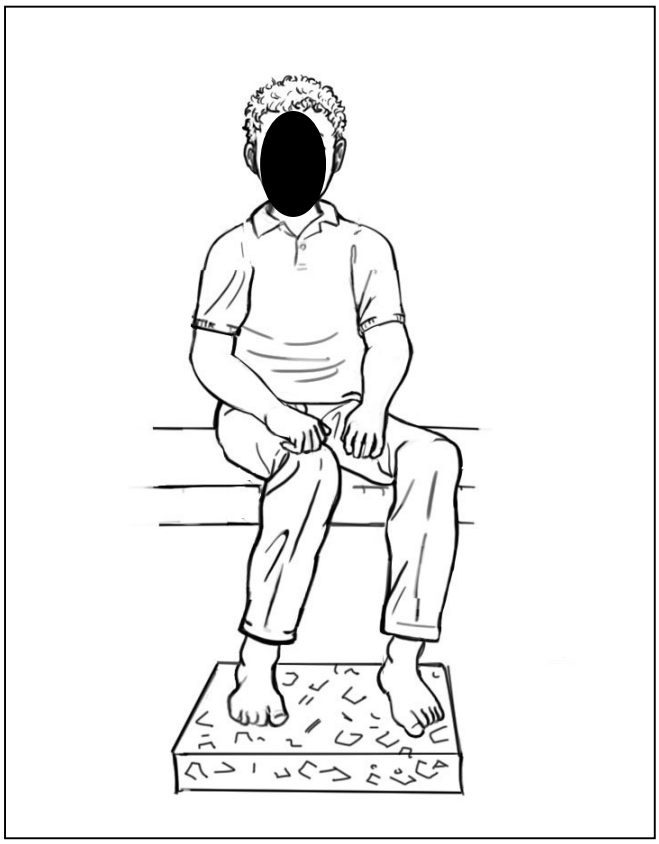
Method of pushing

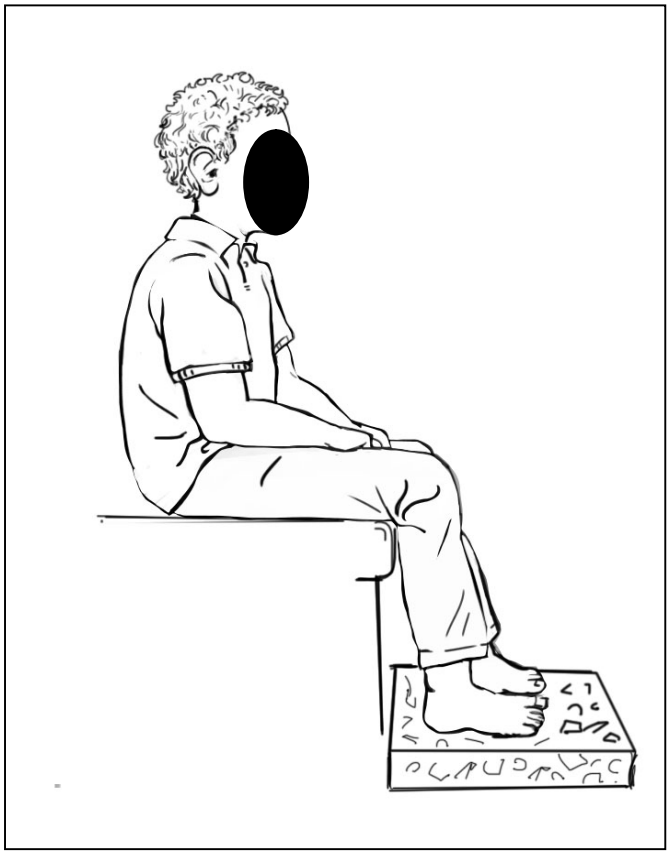
How will the wheelchair user push their wheelchair? Both arms ☐ Left arm ☐ Right arm ☐
Both legs ☐ Left leg ☐ Right leg ☐ Pushed by a helper ☒

Comment: Poor motor control and coordination in arms and legs

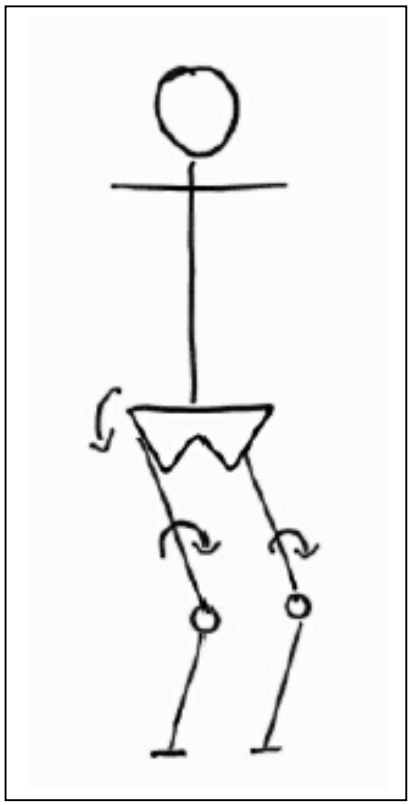
Sitting posture without support

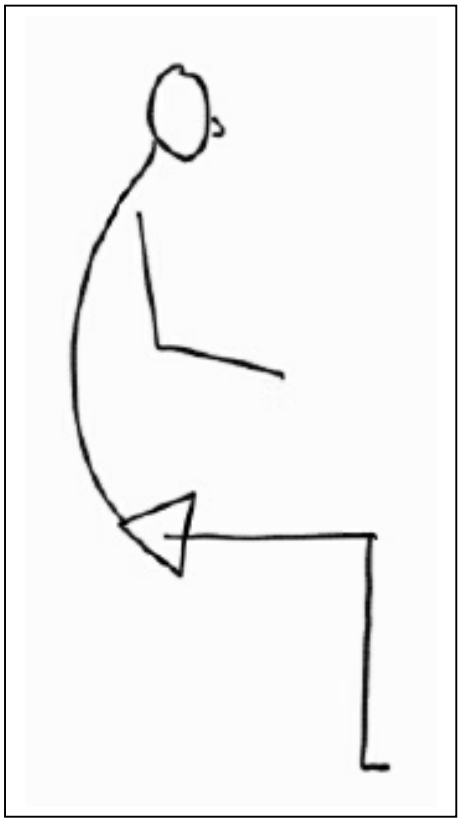
Attach photographs (front and side view) of the wheelchair user sitting without support.





Describe or draw the sitting posture (front and side) without support **as seen on the photographs:**



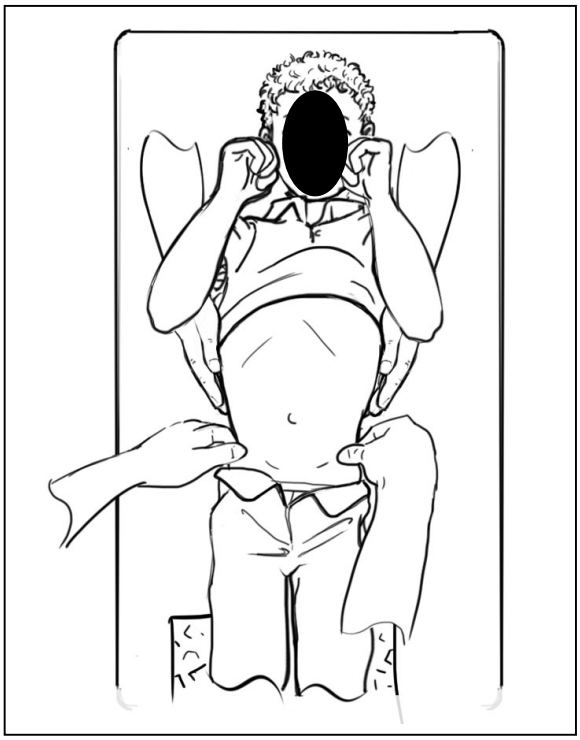


Pelvis and hip posture screen

Attach photographs of final position of the pelvis during the pelvis posture screen. Make sure the user's shoulders, head, pelvis, knees and the assistant's hand position are clearly visible.

Check if pelvis is level and hip flexion range when lying

Can pelvis be level? Yes ☒ No ☐



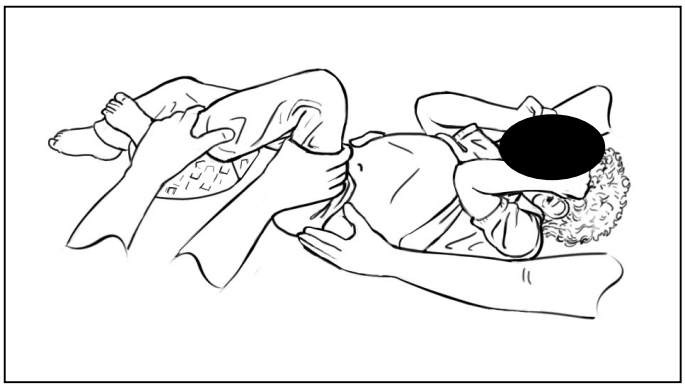
Attach photographs of each hip in neutral/maximum range during the hip posture screen. Make sure the user's shoulders, head, pelvis, legs and the assistant's hand position are clearly visible.

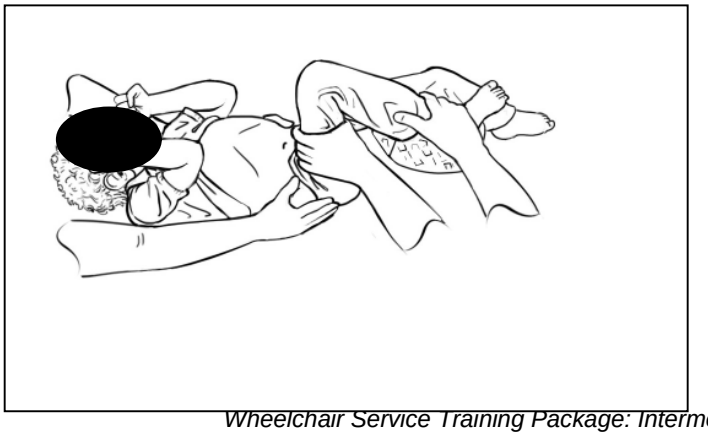
Can hip bend to neutral sitting posture?

Right hip: Yes ☒ No ☐ Angle: 90 degrees

Left hip: Yes ☒ No ☐ Angle: 90 degrees

*If pelvis cannot be level **or** hips cannot bend to neutral sitting posture – accommodate with temporary support.*





Temporary supports

Are temporary supports needed: Yes ☐ No ☒

If NO, explain why not:
He has no hip and/or pelvis postures which are fixed and/or only correctable partway to neutral. _____
_____
_____

If YES, list all the temporary supports needed and add photographs.
_____
_____
_____
_____

A10 (temporary supports)	A11 (temporary supports)

Hand simulation: support needed to sit in neutral posture / as close to neutral posture as is comfortable

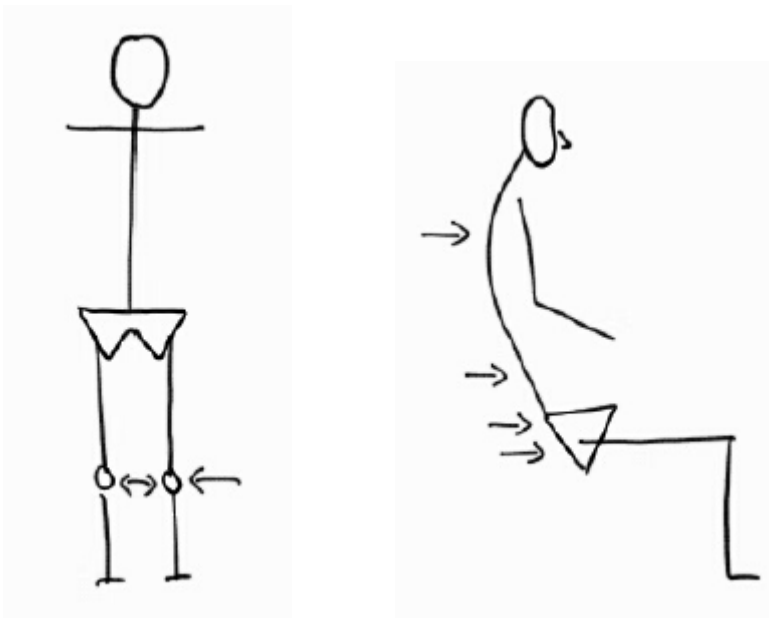
Attach photographs (front and side view) of the wheelchair user in the final position during hand simulation. Support of the hips, pelvis, trunk and head must be clearly visible in the hand simulation photographs. Add photographs or descriptions of support of the legs and feet.

A14 (final position, side view)

A15 (final position, side view opposite side, if there is a difference between the two sides)

Photographs or descriptions of support of the legs and feet.

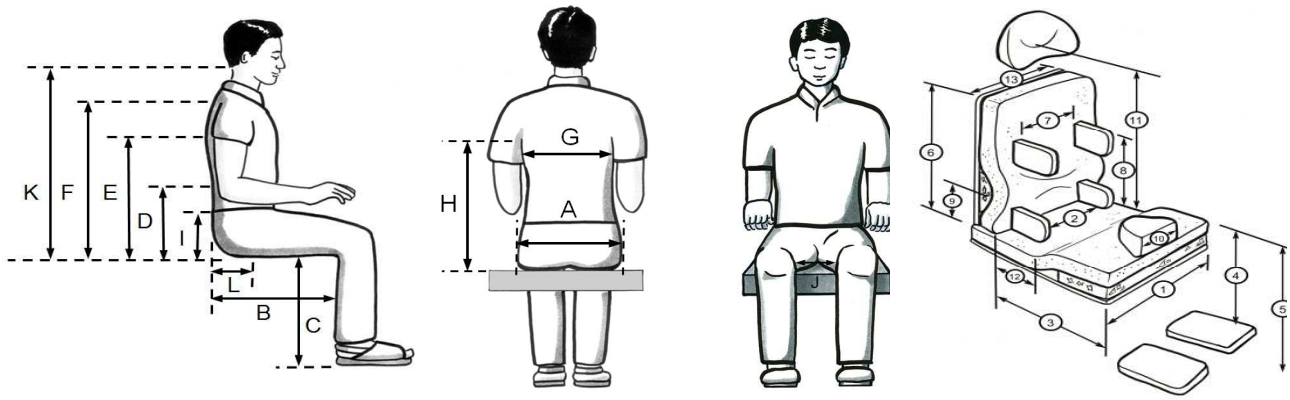
A16 (photographs or descriptions of support of the legs and feet.)	A16 (photographs or descriptions of support of the legs and feet.)
Light support was needed on the outside of the left knee and on the inside of the right knee	

*For each body part: If neutral sitting posture is possible **with hand support**, tick yes. If not, tick no.*			
Part	**Yes**	**No**	*Describe or line draw final sitting posture achieved by the wheelchair user with hand support **and** describe or line draw the support provided to achieve that sitting posture.*
Pelvis	☐	☒	
Trunk	☐	☒	
Head	☒	☐	
L Hip	☐	☒	
R Hip	☐	☒	
Thighs	☒	☐	
L Knee	☒	☐	
R Knee	☒	☐	
L Ankle	☒	☐	
R Ankle	☒	☐	

Taking measurements

	Body measurements (mm)			Wheelchair component measurements (mm)		
Seat width, depth and footrest height						
A	Hip width		195	*= seat width OR*	*1*	195
				= distance between pelvis side pads	*2*	
B	Seat depth (back of pelvis to back of the knee)	L	320	*B less 30–50 mm = seat depth (if length is different, use shorter)*	*3*	290
		R	320			290
C	Calf length	L	280	(C – cushion height*) C less cushion height* = seat to top of footplate or seat to floor depending on user's needs)	*4*	230
		R	280		*5*	230
Backrest height						
D	Seat* to bottom of rib cage			(D or E or F [depending on user's needs] plus + cushion height**) D or E or F (depending on user's needs) add cushion height** = seat to top of backrest	*6*	350
E	Seat* to bottom of shoulder blade		300			
F	Seat* to top of shoulder					
Modifications and / or PSDs						
G	Trunk width			*= distance between trunk side pads/wedges*	*7*	
H	Seat* to axilla (armpit)	L		*H less 30 mm = **maximum** distance between the top of the seat and the top of trunk side pads/wedges (adjust according to hand simulation***)*	*8*	
		R				
I	Seat* to PSIS		100	*= distance between the top of the seat and mid-height of rear pelvis pad*	*9*	
J	Distance between knees		50	*= width of knee separator pad*	*10*	50
K	Seat* to base of skull			*= distance between the top of seat to middle of headrest*	*11*	
L	Back of pelvis to seat bones		75	*L plus 20–40 mm = distance from the backrest support to the beginning of the pre seat bone shelf.*	*12*	95
Other						

**When taking body measurements, the 'seat' is the surface on which the seat bones are sitting.*
***Check the height of the cushion that the wheelchair user will use.*
****The need for adjustments should be clearly demonstrated during hand simulation*



Complete the prescription form, fitting checklist, and user training form.