

# Seating/Mobility Evaluation

## PATIENT INFORMATION:

<b>Name:</b>	<b>Date seen:</b>	<b>DOB:</b>	<b>Sex:</b>
<b>Address:</b>	<b>Physician:</b>	<b>Phone:</b>	
	<b>Seating Therapist:</b>	<b>Phone:</b>	
<b>Phone:</b>	<b>Primary Therapist:</b>	<b>Phone:</b>	
<b>Referred by: (If other than MD)</b>	<b>Equipment Supplier Company:</b>	<b>Caregiver name:</b>	
<b>Insurance/Payor: Recipient#:</b>	<b>Contact person: Phone:</b>	<b>Phone number:</b>	
<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:	Diagnosis:	ICD9 Code:	Diagnosis:
	ICD9 Code:	Diagnosis:	ICD9 Code:	Diagnosis:
	ICD9 Code:	Diagnosis:	ICD9 Code:	Diagnosis:
<input type="checkbox"/> Progressive Disease	<input type="checkbox"/> Osteoporosis	Recent/future surgeries/prognosis:		
<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		_____		
<b>Respiratory Status:</b>		<b>Functional Limitations:</b>		
<input type="checkbox"/> Intact <input type="checkbox"/> Impaired		_____		
<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 without caregiver:	
Entrance: <input type="checkbox"/> Level <input type="checkbox"/> Stairs <input type="checkbox"/> Ramp <input type="checkbox"/> Lift		Width of entrance:	Number of floors:
<input type="checkbox"/> Accessible Bedroom <input type="checkbox"/> Accessible Bathroom		Narrowest Doorway to access:	
Non-accessible rooms:			
Storage of Wheelchair:			

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**COMMUNITY ADL:**

**TRANSPORTATION:** Car Van Bus Adapted w/c Lift Ambulance Other:

Where is w/c stored during transport? \_\_\_\_\_ Size of area needed for transport of w/c w x d x h: \_\_\_\_\_

Self Driver Drive while in Wheelchair yes no Tie Downs: \_\_\_\_\_

Van head clearance: Door " Inside " Van door width " Ramp lift w " x d "

#Hours per day/specific requirements pertaining to mobility \_\_\_\_\_

Employment: \_\_\_\_\_

#Hours per day/specific requirements pertaining to mobility \_\_\_\_\_

School: \_\_\_\_\_

Other \_\_\_\_\_

**FUNCTIONAL/SENSORY PROCESSING SKILLS:**

**Handedness:** Right Left Comments: \_\_\_\_\_

**Functional Processing Skills for Wheeled Mobility**

Processing Skills are adequate for safe wheelchair operation

Areas of concern that may interfere with safe operation of wheelchair	Description or problem/Plan to ensure safety
<input type="checkbox"/> Attention to environment	
<input type="checkbox"/> Judgment	
<input type="checkbox"/> Vision or visual processing	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Motor Planning	
<input type="checkbox"/> Fluctuations in Behavior	

**COMMUNICATION:**

Verbal Communication WNL Understandable Difficult to understand non-communicative

Uses an augmentative communication device Manufacturer/Model : \_\_\_\_\_

Equipment needs/ Mounting : \_\_\_\_\_

**SENSATION and SKIN ISSUES:**

<b>Sensation</b> <input type="checkbox"/> Intact <input type="checkbox"/> Impaired <input type="checkbox"/> Absent Level of sensation: _____	<b>Sensory Tactile Processing</b> <input type="checkbox"/> Hyposensate <input type="checkbox"/> Hypersensate <input type="checkbox"/> Defensiveness  <b><u>Complaint of Pain: Please describe</u></b>
<b>Skin Issues/Skin Integrity</b> Current Skin Issues <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intact <input type="checkbox"/> Red area <input type="checkbox"/> Open Area <input type="checkbox"/> Scar Tissue <input type="checkbox"/> At risk from prolonged sitting Where _____	History of Skin Issues <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____ When _____
Hx of skin flap surgeries <input type="checkbox"/> Yes <input type="checkbox"/> No Where _____ When _____	
<b>Comments:</b> _____	

**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 Mngmt: <input type="checkbox"/> Continent <input type="checkbox"/> Incontinent <input type="checkbox"/> Catheter						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		Type of Control:	
<b>Manufacturer:</b>		Model:	
<b>Size:</b>		Color:	
		Serial #:	
		Age:	
Current Condition of Mobility Base:			
Current Seating System:		Age of Seating System:	
<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>Describe Posture in present seating system:</b>			

**WHEELCHAIR SKILLS:**

	Indep	Assist	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"/>	One arm: <input type="checkbox"/> left <input type="checkbox"/> right One foot: <input type="checkbox"/> left <input type="checkbox"/> right <input type="checkbox"/> Both Feet <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"/>	
Operate Power w/c: w/ Alternative Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Able to perform Weight Shifts/Pressure Relief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Method:
Bed Confined without w/c	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hours spent sitting in w/c each day:		
Does Mobility Meet Functional Requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Activity Tolerance/Endurance:					
Additional Comments:					

Name:

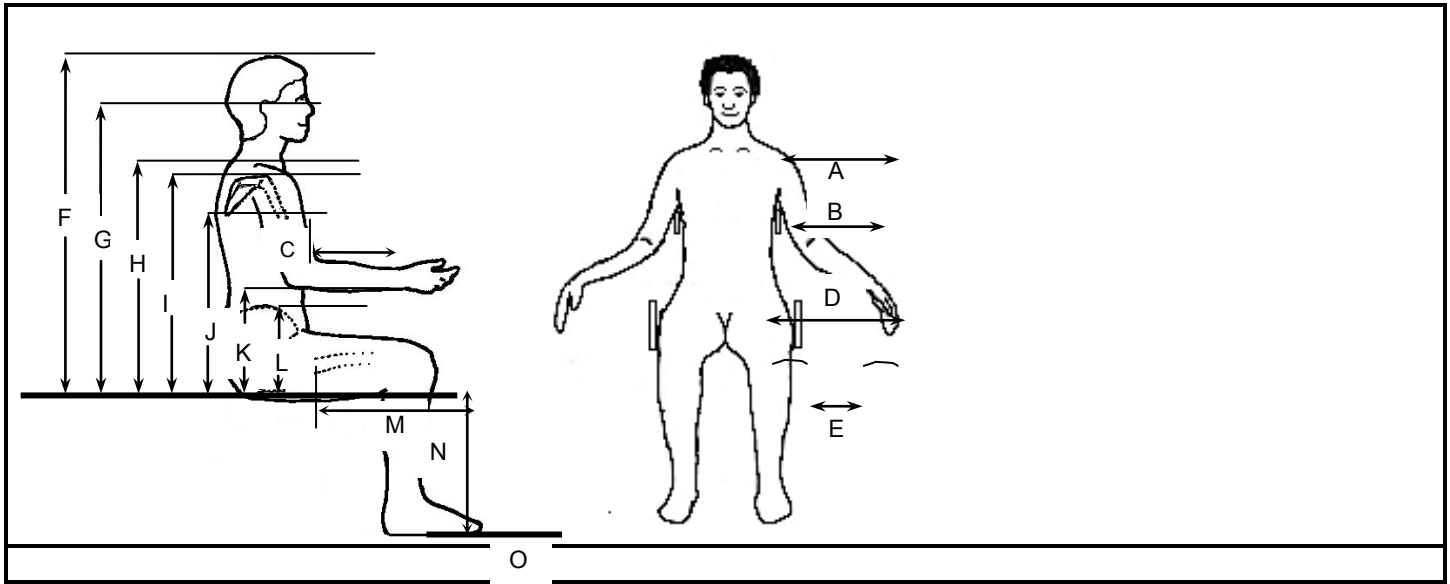
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**MOBILITY/BALANCE:**

Balance	Transfers	Ambulation
Sitting Balance:	Standing Balance	
<input type="checkbox"/> WFL <input type="checkbox"/> Uses UE for support	<input type="checkbox"/> WFL	<input type="checkbox"/> Independent
<input type="checkbox"/> Min Support	<input type="checkbox"/> Min Support	<input type="checkbox"/> Min Assist
<input type="checkbox"/> Mod Support	<input type="checkbox"/> Mod Support	<input type="checkbox"/> Max Asst
<input type="checkbox"/> Unable	<input type="checkbox"/> Unable	<input type="checkbox"/> Sliding Board
		<input type="checkbox"/> Lift / Sling Required
<b>Comments:</b>		

**MAT EVALUATION:**



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

Additional Comments:




\*\* Asymmetrical Width: i.e., windswept or Scoliotic posture; widest point to widest point

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

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	POSTURE/TONE:	FUNCTION:	COMMENTS:	SUPPORT NEEDED
<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	Describe Tone/Movement of head and Neck:	
<b>EXTREMITY</b>	<b>SHOULDERS</b> <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>R.O.M.</b> <input type="checkbox"/> WNL <input type="checkbox"/> WFL Limitations:  <b>Strength concerns:</b>	Describe Tone/Movement of UE:	
	<b>ELBOWS</b> <b>Left</b> <b>Right</b>	<b>R.O.M.</b>  <b>Strength concerns:</b>		
<b>WRIST &amp; HAND</b>	<b>Left</b> <b>Right</b> <input type="checkbox"/> Fisting	<b>Strength / Dexterity:</b>		
<b>TRUNK</b>	<b>Anterior / Posterior</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	<b>Left Right</b>   Degree of curvature: _____ °  <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	<b>Rotation-shoulders and upper trunk</b>   <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	

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	POSTURE/TONE:	FUNCTION:	COMMENTS:	SUPPORT NEEDED
<b>P E L V I S</b>	<b>Anterior / Posterior</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	<b>Obliquity</b>  <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	<b>Rotation-Pelvis</b>  <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>H I P S</b>	<b>Position</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	<b>Windswept</b>  <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>Range of Motion</b>  <b>Left Right</b>  WNL Adequate for sitting  Limitations
<b>KNEES &amp; FEET</b>	<b>Knee R.O.M.</b> Left    Right <input type="checkbox"/> WFL <input type="checkbox"/> WFL <input type="checkbox"/> Limitations <input type="checkbox"/> Limitations	Strength concerns:  Knee/Hamstring positioning needs:	<b>Foot Positioning</b> <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	Foot Positioning Needs:

<b>Goals for Mobility Base</b>   
<b>Goals for Seating system</b>   
<b>Simulation Ideas/Equipment trials/ State why other equipment was unsuccessful:</b>   

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**MOBILITY BASE RECOMMENDATIONS and JUSTIFICATION**

<b>MOBILITY BASE</b>	<b>JUSTIFICATION</b>
<b>General Info</b> <input type="checkbox"/> Dependent <input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Scooter Power Control <input type="checkbox"/> R <input type="checkbox"/> L Other: _____ Color: _____	See specifics below
<b>Manufacturer:</b> <b>Model:</b> Size: Width Seat Depth Back Height Seat to Back Height	<input type="checkbox"/> provide transport from point A to B <input type="checkbox"/> promote Indep mobility <input type="checkbox"/> is not a safe, functional ambulatory <input type="checkbox"/>
<b>Stroller Base</b>	<input type="checkbox"/> infant child <input type="checkbox"/> non-functional ambulatory <input type="checkbox"/> unable to propel manual wheelchair <input type="checkbox"/> <input type="checkbox"/> allows for growth
<b>Manual Mobility Base</b> <input type="checkbox"/> K0004 <input type="checkbox"/> K0005 <input type="checkbox"/> K0006 <input type="checkbox"/> E1235 <input type="checkbox"/> E1236 <input type="checkbox"/> E1237 <input type="checkbox"/> E1238	<input type="checkbox"/> non-functional ambulator <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"/> allows "hooking" to enable increased ability to perform ADLs or maintain balance <input type="checkbox"/> caregiver assist
<b>Lighter weight required</b>	<input type="checkbox"/> self propulsion <input type="checkbox"/> <input type="checkbox"/> lifting
<b>Heavy Duty required</b>	<input type="checkbox"/> user weight greater than 250 pounds <input type="checkbox"/> broken frame on previous chair <input type="checkbox"/> extreme tone <input type="checkbox"/> multiple seat functions <input type="checkbox"/> over active
<b>Specific seat height required</b> Floor to seat height	<input type="checkbox"/> foot propulsion <input type="checkbox"/> access to table or desk top <input type="checkbox"/> transfers <input type="checkbox"/> <input type="checkbox"/> accommodation of leg length
<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"/> stability <input type="checkbox"/> improved stability <input type="checkbox"/> 1-arm drive access <input type="checkbox"/> changing angle in space for improvement with postural <input type="checkbox"/> amputee placement <input type="checkbox"/>
<b>Angle Adjustable Back</b>	<input type="checkbox"/> postural control <input type="checkbox"/> UE functional control <input type="checkbox"/> control of tone/spasticity <input type="checkbox"/> accommodation for seating system <input type="checkbox"/> accommodation of range of motion <input type="checkbox"/>
<b>Tilt Base or added</b> <input type="checkbox"/> Forward <input type="checkbox"/> Backward  <input type="checkbox"/> E1161 <input type="checkbox"/> E1231 <input type="checkbox"/> E1232 <input type="checkbox"/> E1233 <input type="checkbox"/> E1234	<input type="checkbox"/> change position against gravitational force on head and shoulders <input type="checkbox"/> management of tone <input type="checkbox"/> change position for pressure relief/can not weight shift <input type="checkbox"/> rest periods <input type="checkbox"/> transfers <input type="checkbox"/> control edema <input type="checkbox"/> facilitate postural control <input type="checkbox"/>

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MOBILITY BASE	JUSTIFICATION	
<b>Recline Base</b> <input type="checkbox"/> E1125 <input type="checkbox"/> E1126	<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"/> 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>Scooter/POV</b> <input type="checkbox"/> E1230	<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"/>
<b>Power Mobility Base</b> <input type="checkbox"/> K0010 <input type="checkbox"/> K0011 <input type="checkbox"/> K0012 <input type="checkbox"/> K0014 <input type="checkbox"/> E1239	<input type="checkbox"/> non-ambulatory <input type="checkbox"/> can not propel manual wheelchair	<input type="checkbox"/>
<b>W/C controls</b> Body Part _____ <input type="checkbox"/> Proportional <input type="checkbox"/> Non-Proportional/switches <input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical  Manufacturer/Model:  <input type="checkbox"/> E2320 <input type="checkbox"/> E2321 <input type="checkbox"/> E2322 <input type="checkbox"/> E2323 <input type="checkbox"/> E2324 <input type="checkbox"/> E2325 <input type="checkbox"/> E23226 <input type="checkbox"/> E2327 <input type="checkbox"/> E2328 <input type="checkbox"/> E2329 <input type="checkbox"/> E2330 <input type="checkbox"/> E2331 <input type="checkbox"/> E2399	<input type="checkbox"/> provides access for controlling wheelchair <input type="checkbox"/> safety <input type="checkbox"/> EADL access	<input type="checkbox"/> computer access <input type="checkbox"/> power tilt or recline <input type="checkbox"/> programming for accurate control <input type="checkbox"/>
<b>Hangers/ Leg rests</b> <input type="checkbox"/> 70 <input type="checkbox"/> 90 <input type="checkbox"/> elevating <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"/> recessed calf panel <input type="checkbox"/> heavy duty <input type="checkbox"/> Other  <input type="checkbox"/> E0990 <input type="checkbox"/> K0195 <input type="checkbox"/> K0053	<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"/> 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 adjustable <input type="checkbox"/> K0040 <input type="checkbox"/> K0041	<input type="checkbox"/> Support foot <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"/> K0106 <input type="checkbox"/> K0020 <input type="checkbox"/> E0873	<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"/>



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MOBILITY BASE	JUSTIFICATION	
<b>Wheel size:</b> <b>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 <input type="checkbox"/> 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"/> E0967 <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 for individual with hand weakness/decreased grasp	<input type="checkbox"/>
<b>Tires:</b> <input type="checkbox"/> pneumatic <input type="checkbox"/> flat free inserts <input type="checkbox"/> solid <input type="checkbox"/> K0093 <input type="checkbox"/> K0097	<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
<b>Spoke Protector</b> <input type="checkbox"/> K0065	<input type="checkbox"/> prevent hands from getting caught in spokes	<input type="checkbox"/>
<b>Shock absorbers</b> <input type="checkbox"/> E1016 <input type="checkbox"/> E1018	<input type="checkbox"/> decrease vibration <input type="checkbox"/>	<input type="checkbox"/> provide smoother ride over rough terrain
<b>Push rim active assist</b> <input type="checkbox"/> E0986	<input type="checkbox"/> enable propulsion of manual wheelchair on sloped terrain	<input type="checkbox"/> enable propulsion of manual wheelchair for distance <input type="checkbox"/>
<b>One armed device</b> <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> E0958	<input type="checkbox"/> enable propulsion of manual wheelchair with one arm	<input type="checkbox"/> unable to propel assisting with feet <input type="checkbox"/>
<b>Anti-tippers</b> <input type="checkbox"/> E0971	<input type="checkbox"/> prevent wheelchair from tipping backward	<input type="checkbox"/>
<b>Battery</b> <input type="checkbox"/> E2360 <input type="checkbox"/> E2361 <input type="checkbox"/> E2632 <input type="checkbox"/> E2363 <input type="checkbox"/> E2364 <input type="checkbox"/> E2365	<input type="checkbox"/> power motor on wheelchair	
<b>Charger</b>	<input type="checkbox"/> charge battery for wheelchair	
<b>Attendant controlled joystick</b>	<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"/>
<b>Ventilator Tray</b> <input type="checkbox"/> E0129 <input type="checkbox"/> E0130	<input type="checkbox"/> Stabilize ventilator on wheelchair	
<b>Amputee adapter</b> <input type="checkbox"/> E0959	<input type="checkbox"/> Provide support for stump/residual extremity	
<input type="checkbox"/> K0102 <b>Crutch/cane holder</b> <input type="checkbox"/> K0104 <b>Cylinder holder</b> <input type="checkbox"/> K0105 <b>IV hanger</b>	<input type="checkbox"/> Stabilize accessory on wheelchair	
<b>Brake/wheel lock extension</b> <input type="checkbox"/> R <input type="checkbox"/> L		<input type="checkbox"/> increase indep in applying wheel locks

## SEATING COMPONENT RECOMMENDATIONS AND JUSTIFICATION

Equipment eval/justification form

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Name:

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Component	Manufacturer	Model	Size	Justification
<b>Seat Cushion</b> <input type="checkbox"/> K0108 <input type="checkbox"/> K0669 <input type="checkbox"/> E2601 <input type="checkbox"/> E2602 <input type="checkbox"/> E2603 <input type="checkbox"/> E2604 <input type="checkbox"/> E2605 <input type="checkbox"/> E2606 <input type="checkbox"/> E2607 <input type="checkbox"/> E2608 <input type="checkbox"/> E2609 <input type="checkbox"/> K0659 <input type="checkbox"/> _____				<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"/> accommodate impaired sensation <input type="checkbox"/> decubitus ulcers present <input type="checkbox"/> prevent pelvic extension <input type="checkbox"/> low maintenance <input type="checkbox"/>
<b>Cover Replacement</b> <input type="checkbox"/> K0668				<input type="checkbox"/> protect back or seat cushion <input type="checkbox"/>
<b>Seat Platform</b> <input type="checkbox"/> E0992 <input type="checkbox"/> E2618				<input type="checkbox"/> support cushion to prevent hammocking <input type="checkbox"/>
<b>Back</b> <input type="checkbox"/> E2611 <input type="checkbox"/> E2612 <input type="checkbox"/> E2613 <input type="checkbox"/> E2614 <input type="checkbox"/> E2615 <input type="checkbox"/> E2616 <input type="checkbox"/> E2617 <input type="checkbox"/> E2620 <input type="checkbox"/> E2621 <input type="checkbox"/> E0956 <input type="checkbox"/> K0669				<input type="checkbox"/> provide posterior trunk support <input type="checkbox"/> provide lumbar/sacral support <input type="checkbox"/> support trunk in midline <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"/>
<b>Additional pieces to seat or back cushion</b>				
<b>Mounting hardware</b> <input type="checkbox"/> lateral trunk supports <input type="checkbox"/> headrest <input type="checkbox"/> medial thigh support <input type="checkbox"/> joystick	<input type="checkbox"/> fixed <input type="checkbox"/> swing away <input type="checkbox"/> E1028			<input type="checkbox"/> attach seat platform/cushion to w/c frame <input type="checkbox"/> attach back cushion to w/c frame <input type="checkbox"/> swing joystick out of the way <input type="checkbox"/> swing headrest away <input type="checkbox"/> swing medial thigh support away <input type="checkbox"/>
<b>Lateral pelvis/thigh support</b> <input type="checkbox"/> E0956				<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"/> E0957				<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"/> K0040 <input type="checkbox"/> K0041				<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"/> E0951				<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"/>

Name:

MR#:

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Component	Manufacturer	Model	Size	Justification
<b>Lateral trunk Supports</b> <input type="checkbox"/> E0956			<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"/>
<b>Anterior chest or shoulder supports</b> <input type="checkbox"/> E0960				<input type="checkbox"/> decrease forward movement of trunk <input type="checkbox"/> decrease forward movement of shoulders <input type="checkbox"/> decrease shoulder elevation <input type="checkbox"/> accommodation of TLSO <input type="checkbox"/> added abdominal support <input type="checkbox"/> alignment <input type="checkbox"/> assistance with shoulder control <input type="checkbox"/>
<b>Headrest</b> <input type="checkbox"/> E0955 <input type="checkbox"/> E0996 <input type="checkbox"/> K0108				<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 <input type="checkbox"/>
<b>Neck Support</b> <input type="checkbox"/> E0996 <input type="checkbox"/> K0108				<input type="checkbox"/> decrease forward neck flexion <input type="checkbox"/> decrease neck rotation
<b>Upper Extremity Support</b> <input type="checkbox"/> K0106 <input type="checkbox"/> K0107				<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"/> 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"/>
<b>Pelvic Positioner</b> <input type="checkbox"/> E0978 <input type="checkbox"/> K0108				<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"/>

Name:

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Component	Manufacturer	Model	Size	Justification
<b>Bag or pouch</b>				<b>Holds:</b> <input type="checkbox"/> medicines <input type="checkbox"/> orthotics <input type="checkbox"/> diapers <input type="checkbox"/> ostomy supplies <input type="checkbox"/> <input type="checkbox"/> special food <input type="checkbox"/> clothing changes <input type="checkbox"/> catheter/hygiene
<b>Other</b>				

<b>Patient/Client Name Printed:</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>		