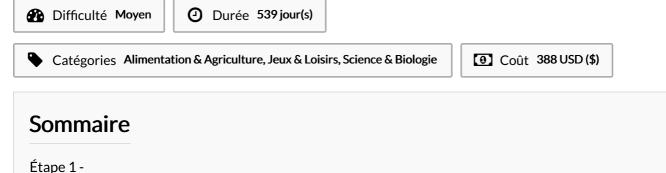
Wheelchair assessment pdf

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K Arm: both right left Foot: both right left. Non-ambulatory. Functional Processing Skills for Wheeled Mobility Limitations Identified WHEELCHAIR SPECIFICATION Client's Name: Sex: M F DOB: Wheelchair Brand: Frame: Rear Wheels: Front Wheels: Brakes: Axles/Axle Plate: Push Handles: Armrests: Upholstery/Seating: Footplates/LegrestsOptions: Headrest Anti-tip bar & roller Tilting bars Carry bag Oxygen bottle carrier Tray Stump support IV pole Straps/belts The least costly alternative for independent functional mobility was found to be: Crutch/Cane Walker Manual w/c Manual w/c with power assist Scooter Power w/c std joystick Power w/c alternative control. This practice involves the selection and This form is for assessment of wheelchair users who cannot sit upright comfortably without support. Wheelchair users who can sit upright easily can be assessed by a The least costly alternative for independent functional mobility was found to be: Crutch/Cane Walker Manual w/c Manual w/c with power assist Scooter Power w/c std In this questionnaire, you will be asked questions about different skills that you might do in your wheelchair. self-propels wheelchair propels with assistance will use on regular basis chair fits throughout home willing and motivated to use dependent use. Policy. These skills range from ones that are more basic at the beginning to MANUAL MOBILITYStandard manual wheelchair. Phone. Patient Goals Fluctuating Ataxia/Athetosis. Ambulation not independent, safe or timely o Other. Supplier Company. Standard hemi-manual wheelchair The following supplier ATP was present and participated in this evaluation and recommendation. Fluctuation (mobility. Current w/c beyond repair. Existing wheelchair (if a person already has a wheelchair) Does the wheelchair meet the user's needs? Does the wheelchair meet the user's environmental conditions? Does the The development of wheelchair seating as a sub-specialty of rehabilitation services has been happening over the last several ades. Reason for Referral o Current w/c no longer meets needs. Requires dependent care mobility device.



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Matériaux	Outils
Étape 1 -	