

WHEELCHAIR SEATING

Name:	Age:	PARIS ID:
DOB:		PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date: Assessment End Date: Carried Out By:

Growth Chart

Date Measured	Age	--- Weight --- kg %ile	--- Height --- cm %ile	--- BMI --- %ile	----- Head ----- Circumference cm %ile	---% Birth --- Wgt Lost	-- Wgt for -- Length %ile	--- Waist --- Hip cm ratio
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Client Goals

- | | | |
|--|--|---|
| <input type="checkbox"/> Relieve Pain / Increase Sitting Tolerance | <input type="checkbox"/> Improve / Accommodate Posture | <input type="checkbox"/> Relieve Tone |
| <input type="checkbox"/> Accommodate Joint Limitations | <input type="checkbox"/> Community Mobility | <input type="checkbox"/> Relieve Pressure |

Other:

Reason for equipment change:

Equipment Issued

Equipment Type	Equipment Item	Urgency	Period of loan (weeks)	Due Date	Competent with Equipment
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Current Mobility Device

Amount of use & activities:

Present driving skills:

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Ability to transfer:

Method of propulsion:

Maintenance / storage:

Transportation:

Terrain & weather conditions:

Home layout & accessibility:

Cognitive / Perceptual

(see appendix B see appendix D see IAT)

Vision / Hearing:

Attention / Concentration:

Memory:

Perception:

Judgment:

Problem Solving:

Other:

Physical / Functional Status

(see IAT)

Physical / Functional Status:

Risk Factors

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- Skin Integrity:

- Hx of breakdown:

- # of hours in chair:

- Ability to weight shift:

- Shearing forces:

- Incontinence:

- Sensation:

- Nutrition:

- Other:

Sitting Posture

Note coordination / range / tone / strength / pain / sensation

Pelvis

- Post.Tilt Ant.Tilt Obliquity higher: Right Left
- Neutral Rotation Right Left

Comments:

Trunk

- Kyphosis Lordosis Scoliosis Convex: Right Left
- Aligned

Comments:

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Head / Neck

Neutral Flexed Hyperextended Poke Head
Laterally Flexed: Right Left Rotation Right Left

Comments:

Shoulders

Elevated: Right Left Level
 Rotated

Comments:

Arms / Hands

Tremor

Comments:

Legs

Abducted: Right Left Adducted: Right Left
Windswept knees to: Right Left
 Neutral Leg Length discrepancy
Right Leg Rotated: In Out Left Leg Rotated: In Out

Comments:

Feet

Right foot: Plantar Flexed Dorsiflexed Inverted Everted Neutral
Left foot: Plantar Flexed Dorsiflexed Inverted Everted Neutral

Comments:

Sitting Balance

Comments:

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Supine

Identify orthopedic limitations & note coordination/range/tone/strength/pain/sensation

(see appendix C)

Pelvis Is the pelvis flexible or fixed? Yes No

Trunk Can shoulders touch the mat? Yes No

Head / Neck Can head touch the mat? Yes No

Shoulders Are the shoulders level? Yes No

ROM limitations/contractures:

Arms / Hands ROM limitations/contractures:

Legs ROM limitations/contractures:

Feet ROM limitations/contractures:

Measurements

(see appendix D see appendix E)

A. Seat Width		in.			
B. Seat Depth	R	in.	L	in.	
C. Trunk Width		in.			
D1. Knee to Sole - w/ shoes	R	in.	L	in.	
D2. Knee to Sole - w/o shoes	R	in.	L	in.	
E. Seat - Elbow	R	in.	L	in.	
F. Seat - Axilla	R	in.	L	in.	
G. Seat - Shoulder	R	in.	L	in.	
w/c Seat to Floor		in.			

Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Clinical Reasoning

Targeted Outcomes:

1.

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2.

3.

4.

5.

6.

Assessment Findings

Health Issues:

Product Parameters:

Product Options:

Physical Findings:

Product Parameters:

Product Options:

Functional Issues:

Product Parameters:

Product Options:

Environmental Issues:

Product Parameters:

Product Options:

Socio-Economic Issues:

Product Parameters:

Product Options:

Vision

Near Acuity

Standardized Tools:

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Functional Observations:

Comments:

Distance Acuity

Standardized Tools:

Functional Observations:

Comments:

Visual Field

Standardized Tools:

Functional Observations:

Comments:

Perception

Visual Perception

Standardized Tools:

Functional Observations:

Comments:

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Visual Attention & Scanning

Standardized Tools:

Functional Observations:

Comments:

Visual Planning & Sequencing

Standardized Tools:

Functional Observations:

Comments:

Cognition

Cognition

Standardized Tools:

Functional Observations:

Comments:

General

General comments related to IADL performance, behavior, and client's insight or awareness related to his/her limitations:

Supine Assessment

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Postural description in supine before correction:

Assist into more neutral positioning in supine(comment on ease):

Segmental Alignment and Mobility

Pelvis Fixed Flexible

Tilt Anterior: Posterior:

Rotation Right: Left:

Obliquity (measure) Right: Left:

Hips

Flexion Right: Left:

Extension Right: Left:

Abduction Right: Left:

Adduction Right: Left:

Rotation - Internal Right: Left:

Rotation - External Right: Left:

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Basic Skills	Ind.	Asst.	Unable	Comments:
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Locates and operates battery charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Keeps head upright & scans pathway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Driving Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Go	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Forward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Backward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Straight line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Curves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Curb cuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Uneven ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Crossing driveways/roads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Intersections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Follows traffic signs/lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Ability to drive amongst pedestrians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Transfers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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To other seating surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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To car/transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Operating Skills	Comments:
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In/out apartment/house:

In/out storage area:

Negotiate doorways:

Elevators:

In/out stores/aisles:

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Ability to perform/delegate maintenance needs (battery, cleaning):

Other:

Comment on driving history, learning ability and confidence to drive:

General Comments/Operating Restrictions/Precautions:

Product Parameters for Trial

Wheelchair

Manual/Power:

Footrests:

Arm Type:

Controls:

Other:

Other:

Scooter

3 or 4 wheels:

Suspension:

Length:

Seating:

Other:

Other:

Seating

Cushion Type:

Cushion Size:

Back Rest Type:

Back Rest Size:

Other:

Other:

Comments:

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Suggested dates and times for appointment:

Summary & Recommendations

Client's Impression of Own Performance:

Analysis & Recommendations:

Needs

Need	Post to C/P	Processed	Comments
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Casenotes

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----