



My Wheelchair Guide: Supplemental Information

United Spinal Association is grateful to members of the Clinician Task Force¹, <https://www.cliniciantaskforce.us/> for their expert input and review of 'My Wheelchair Guide: Supplemental Information' (formerly United Spinal Association's Mobility Map).

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² To view additional information for manual wheelchairs, visit <https://unitedspinal.org/my-wheelchair-guide/>, *My Wheelchair Guide: A Manual Wheelchair App*, developed with University of Pittsburgh and United Spinal Association, in partnership with Clinician Task Force, National Coalition for Assistive and Rehab Technology, National Registry of Rehabilitation Technology Suppliers and Rehabilitation Engineering Society of North America with the help of a grant from the National Institute on Disability, Independent Living and Rehabilitation Research.

1.0 Getting Started

Wheelchair Use

Need New/First Wheelchair

- Temporary use such as following a surgical procedure with a prognosis of recovery usually means a rental wheelchair. Standard, lightweight and high strength lightweight manual wheelchairs as well as Group 2 power wheelchairs are often provided as rental wheelchairs for the first 13 months and then the user will own the wheelchair. Find out from your wheelchair team the difference between Group 2 or Group 3 wheelchairs and which wheelchair might be right for you.
- Long term use for part-time or full-time mobility is usually a purchased wheelchair. This may be an ultralightweight manual wheelchair or Group 3 power wheelchair. The user requires the wheelchair for mobility throughout the day to perform Mobility-Related Activities of Daily Living. Full time users purchase wheelchairs rather than rent them and these wheelchairs are ordered customized to meet the individual user's sizing and positioning needs for safe and independent mobility.

Need Modifications

- User change in function such as an increase or decrease in strength
- Change in posture due to increased scoliosis or surgical intervention
- Pressure injury
- Improvement or decline in function
- You have grown (i.e. child development) or gain or loss of weight

Replace

- User change in function due to new diagnosis, significant weight gain or loss, development of pressure injury due to progressive weakness and inability to weight shift for pressure relief and thus require power seat functions not on nor available for current wheelchair.
- Beyond useful life due to significant repairs required to maintain functional and safe use. Most health insurance companies have policies regarding expected lifetime of a wheelchair frame and seating system.

Self-Inventory of Needs: My Wheelchair Checklist

First Things First...

Before you dive into the process of looking for the wheelchair that works best for you, you need to identify what you want to do with/in your wheelchair. This form is for your information, if you would like to, you can share it with your wheelchair team.

What do I want to do with my wheelchair?

- ☐ Get around my home
- ☐ Transfer to bed
- ☐ Get under my table / desk /counter tops
- ☐ Get into/move around my bathroom
- ☐ Make meals
- ☐ Go shopping
- ☐ Go outside (my yard / my community)
- ☐ Go to my place of worship
- ☐ Visit family / friends
- ☐ Ride in car or van
- ☐ Drive car or van
- ☐ Take bus / train / subway
- ☐ Exercise
- ☐ Attend school
- ☐ Attend work
- ☐ Attend entertainment/sports events
- ☐ OTHER

Notes & Questions for my Wheelchair Team

:

What is important to me:

- ☐ Comfort
- ☐ Speed
- ☐ Posture
- ☐ Carrying things
- ☐ Standing up
- ☐ Changing positions
- ☐ Avoiding pressure injuries
- ☐ Reaching/using my wheelchair controls
- ☐ Going over rough terrain
- ☐ Reaching the floor
- ☐ Reaching shelves / cabinets / closets
- ☐ Safety and security
- ☐ How the wheelchair looks
- ☐ Independence
- ☐ OTHER

Notes & Questions for my Wheelchair Team

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Self-Inventory of Needs: My Wheelchair Checklist

Your Map to Finding the Best Wheelchair

My physical issues:

- ☐ Poor balance in sitting and/or standing
- ☐ Muscle weakness
- ☐ Have had recent fall(s)
- ☐ Get tired easily
- ☐ Have trouble breathing
- ☐ Muscle spasms / spasticity
- ☐ Poor sitting posture
- ☐ Feet/legs swell
- ☐ Have had a pressure injury(s) in the past
- ☐ Cannot get places in a reasonable time-frame
- ☐ Shoulder and arm pain
- ☐ Generalized pain
- ☐ Broken bones (current or past)
- ☐ Difficulty grasping things
- ☐ Dizzy spells
- ☐ Seizures
- ☐ Poor vision
- ☐ Stiff or locked joints
- ☐ Curved spine
- ☐ Wear an artificial limb (prosthetic device)
- ☐ Wear a splint or (brace) orthotic device
- ☐ OTHER

**Notes & Questions for
my Wheelchair Team
:**

Things I *like* about my current wheelchair:

Things I *don't like* about my current wheelchair:

What I would do to my current wheelchair to make it perfect for me and why:

3.0 Preparing for Your Wheelchair Evaluation

What to Expect of Your Wheelchair Evaluation

The reason for a wheelchair evaluation is to help you get the right product for you. The evaluation could take place in a clinic, in your home, or in both locations to ensure the equipment will work in your living environment(s). It will be conducted by a clinician, such as an Occupational Therapist (OT) or Physical Therapist (PT) and a medical equipment supplier. The evaluation will include an “interview” to discuss your medical history, symptoms, your current equipment and your goals. It will also include a physical exam to assess things like posture, joint movement, muscle strength and balance and your level of function. And you might have opportunity to try different equipment options and/or receive training on that day or be able to schedule that in the near future. The wheelchair team will then help you determine what wheelchair system will best meet your needs you need. This includes the wheelchair base, the wheelchair seating, and the options and accessories that are best for your specific needs.

The length of time needed to perform the evaluation for a wheelchair will vary based on the complexity and diversity of your needs. In some cases, the evaluation can be completed in a single visit, while in other cases, a series of appointments will be required.

Before the Evaluation

There are several steps that must take place before the actual wheelchair evaluation. An overview of these steps is described in the following paragraphs. Please refer to the specific sections of the Mobility Map for further details:

- **Understand your funding** – Make sure you know (or find out) the requirements and provisions of your health insurance plan.
 - What do you have for health insurance; Medicare? Medicare HMO? Medicaid? Private insurance? Workman’s Compensation?
 - Does your plan cover medical equipment for mobility (DME or CRT)?
 - If so, do they have a yearly cap? Have you already met that cap?
 - Do you have a deductible? Have you met that deductible?
 - Do you have a co-pay? If so, what is it?
 - Do you have secondary health insurance? If so, will they cover whatever your primary health insurance does not?
 - Do you need to choose a clinic and/or a medical equipment company that is within your health insurance network?
 - Is there a potential for someone other than a health insurance company to pay for the equipment you need, such as Vocational Rehab Services or a school system?
 - Does your insurance have a list of preferred providers for mobility equipment?
- **Choose your wheelchair team** –the process of getting your wheelchair will involve a team of clinicians will prescribe and provide what best meets your needs. This should include, at a minimum, your physician, an equipment supplier and an Occupational or Physical Therapist. Depending on your health insurance requirements

and your own preferences, you may be able to choose exactly who you want on this team. See **4.0 Gather Your Wheelchair Team** for further details.

- **Get a prescription and therapy referral for a wheelchair evaluation** – in most cases, you will need to see your ordering practitioner (MD or CRNP) to get a wheelchair prescription, as well as, a referral to see a therapist for the wheelchair evaluation. The wheelchair team will need these documents in order to complete the wheelchair evaluation with you. Read through **5.0 Getting Your Wheelchair Prescription and Therapy Referral** for more information on this step.
- **Make an appointment for the therapy visit for your wheelchair evaluation** – once you have a prescription and a therapy referral, you will need to make a therapy appointment for a wheelchair evaluation at a clinic or medical facility. See **5.0 Getting Your Prescription and Therapy Referral** for further details.
- **Fill out self-survey forms** – there are 2 forms provided in this mobility map that should be filled out prior to your wheelchair evaluation:
 - **Self-Inventory of Needs** – if you have not already completed this form, it is important to do so before your wheelchair evaluation (see **2.0. Your Self-Inventory of Needs: My Wheelchair Checklist**). This is a self-assessment that will help you organize your thoughts about what you want from your wheelchair. Bring this with you to the appointment.
 - **Environmental Self-Survey** – you should also fill out Your Environmental Self-Survey form (see **6.0 Your Environmental Self-Survey**). At some point the equipment supplier and/or the therapist will visit your home in person to assess for accessibility and maneuverability, but the information you provide in this form, before the actual home assessment, can be very helpful. It provides information to the wheelchair team about your home, other environments that you frequent and your transportation needs. It helps them to choose a wheelchair that will work for you in all these different areas. Make sure to bring this form to your appointment. You may consider bringing photos or a video of the environments you spend most of your time in so the team can visualize where you are to best guide you in equipment choices.
- **Prepare information** – be prepared to talk with the ordering practitioner, the therapist and/or the equipment supplier about the topics described below. It is often best if you write this information down prior to your appointments so you don't forget to mention something that is important:
 - The medical history of your primary diagnosis, including when it began and how it has progressed
 - Your other medical diagnoses
 - Your current physical status.
 - Information about your physical abilities and limitations. Be prepared to describe the activities that you perform during a typical day, your lifestyle and your level of activity.
 - The specific mobility problems that you encounter in your home, at work, at school and/or in the community.

- Your transportation needs, including the type of personal vehicle you use, whether or not you drive or are you a passenger, how you secure your wheelchair, the type of public transportation you use, how the wheelchair is secured, and so forth.
- What you can currently do, what you are unable to do and what you would like to do but cannot because of your current limitations. Your mobility goals.
- If you have caregiver(s), what is their role in your care.

Step 4.0: Gathering Your Wheelchair Team:

Why Do I Need a Wheelchair Team?

There are many different makes, models and manufacturers of wheelchairs available and it is important that you get the right one to match your specific needs for mobility and independence. Getting the most appropriate wheelchair, options and accessories requires a good team, because each member of the team has specific skills, knowledge and training to contribute to the evaluation and equipment selection. Your team will get to know you and help match the wheelchair's features to your wants and goals.

Definitions

Prescription (order) for a wheelchair

This is a prescription for the wheelchair itself.

Therapy referral (prescription, order) for a Wheelchair Evaluation

This is a request from your ordering practitioner for you to get a wheelchair evaluation by another clinician, typically a therapist

Wheelchair Evaluation

This is an examination performed by a clinician who is experienced in assessing for wheelchairs and the wheelchair system. It includes a series of tests to determine the best equipment for you.

Ordering Practitioner

This is the doctor, physician, Nurse Practitioner, Physician's Assistant or Clinical Nurse Specialist who writes the prescription for the wheelchair and the therapy referral for the wheelchair evaluation.

Who Is on My Wheelchair Team?

Ordering Practitioner

This is typically the first member of your team you will see about getting a wheelchair. The ordering practitioner could be your primary care physician or general practitioner, or he/she could be a specialist, such as a Physiatrist, Neurologist or Orthopedist. In some cases, the ordering practitioner could be a Physician's Assistant, Nurse Practitioner or Clinical Nurse Specialist. For simplicity, we will refer to this team member as "your doctor" through the remainder of this document.

The role of your doctor includes:

- Perform a physical exam
- Write a prescription/order for a wheelchair and note why they feel you need a wheelchair and/or seating equipment from the medical perspective

- Write a referral for therapy for a Wheelchair Evaluation.
- Sign pertinent documents from the other team members

For further details see **5.0 Getting Your Wheelchair Prescription and Therapy Referral**.

Clinician or Therapist

Your second wheelchair team member will be the clinician who performs the clinical assessment portion of the Wheelchair Evaluation. This person is usually an Occupational Therapist (OT) or Physical Therapist (PT). They will work closely with the equipment supplier to select the best wheelchair system to meet your specific needs. Together, the therapist and supplier will choose the features of the wheelchair, the wheelchair system and the options and accessories that will best match the clinical information provided by the therapist.

The role of the therapist includes:

- Collect information from you about your abilities, limitations, needs and goals
- Conduct the clinical exam portion of your Wheelchair Evaluation (further details can be found in **3.0 Your Wheelchair Evaluation**).
- Work with the equipment supplier to decide what equipment is best for you.
- Provide the documentation required by your health insurance company to support the need for (i.e. justify) the recommended equipment.
- Provide training regarding the operation/use of your wheelchair, as needed
- Work with the equipment supplier for the final fitting and adjustments of your wheelchair system.
- Provide any follow up or training for you and/or caregivers regarding the safe and independent use of your mobility equipment.

Your doctor might refer you to a clinic or medical facility for the wheelchair evaluation. He or she might even refer you to a specific therapist who is a seating specialist. However, you are not required to use your doctor's recommendation. If you have worked previously with a specific clinic and/or therapist or one has been recommended to you by someone else, you can choose to have the referral sent there. Or you can choose a new clinic and/or therapist. To find one on your own you can:

- Ask people you know for referrals
- Connect with organizations and support groups, such as <https://unitedspinal.org/peer-groups/>, for referrals
- Search the Assistive Technology Professional and Seating and Mobility Specialists' certification websites for qualified assistive technology professionals. *More information about Assistive Technology Certification is below.* (www.RESNA.org,

Before making any choice, you should **check your health insurance plan** to see if you are required to go through a clinic and/or a clinician that is in their network. If

so, you will need to choose accordingly. If you are required to use a specific clinic and/or therapist or if you are choosing one on your own, you should let your doctor know.

Equipment Supplier

The equipment supplier is the third member added to your wheelchair team. He is an employee of a medical equipment company. The equipment supplier is a critical team member, as he or she will identify the technical features of the wheelchair that are best for your specific needs and will be responsible for many of the steps involved in the actual provision of the wheelchair. These steps are described below.

The role of the equipment supplier and/or the medical equipment company typically includes:

- Provide the technical information needed to identify the best equipment for your specific needs.
- Work with the therapist to identify the specific make/model/options of wheelchair and wheelchair seating
- In some cases, provide demo equipment for you to trial
- Conduct an evaluation of your home (see **Step 8.0 Your Home Assessment**)
- Order the equipment from the manufacturer
- Bill your insurance
- Assemble your equipment prior to delivery
- Deliver your final wheelchair system to you. Ideally this is done with the therapist and takes place at the clinic. Together they can perform the final fitting and adjustments of your wheelchair. They can also provide training on how to use your wheelchair within your environments and circumstances to get maximum benefit from your equipment.
- Provide instruction on proper care and maintenance of the wheelchair
- Oversee any future repair issues for your wheelchair

Your doctor might refer you to a specific medical equipment company. However, as with the therapist, you have the right to choose a company yourself. This might be a company or even a specific person within that company who has worked with you in the past, or it could be a company or person that has been recommended to you by someone else.

Before making any choice, you should **check your health insurance plan** to see if you are required to go through an equipment company that is in your network (i.e. preferred providers). If so, you will need to choose accordingly.

You might have many equipment companies in your area from which to choose. Some might be part of a larger national company, while others might be smaller local independent businesses. It is important that you select one that has experience working with people like you, that is close to your home, and that you can trust and feel comfortable with. Your relationship with this company will extend beyond your initial wheelchair evaluation and fitting, since all repairs and parts for

your wheelchair will go through this company. It is important to have good relationships with the company and the specific equipment supplier (as well as with all members of your team). The wheelchair world is a small one. You need to hold your wheelchair supplier accountable, yet keep in mind that they are often restricted by health insurance companies as to what they can provide and how quickly they can provide it. Keep in mind that they can choose not to work with you too.

You can find a qualified supplier by:

- Ask your clinician or therapist for recommendations. Ask them why they like this equipment company / supplier?
- Search certification websites for local certified suppliers - go to www.nrrts.org to find a supplier in your area
- Contact consumer organizations for suppliers they recommend (scroll down to next page for suggested organizations).
- Go to www.RESNA.org to find a list of suppliers with the ATP certification.

When interviewing a supplier, ask them the following questions:

- Do they have additional training and experience in your specific area of need or diagnosis (examples: pediatrics, gerontology, ALS, Multiple Sclerosis, Spinal Cord Injury, Cerebral Palsy, Spina Bifida, Muscular Dystrophy, etc.)?
- How long will the process typically take to get your wheelchair?
- What insurance information will they need from you?
- Do they offer repair service?
- Will they come out to your home?
- Where will the delivery of your wheelchair take place?
- Do they work with a therapist (independent of their company) in the assessment process?

Certifications

In the wheelchair world, certain OT's, PT's and equipment suppliers have earned the **Assistive Technology Professional (ATP)** credential from the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA). This credential indicates that they have extra knowledge and experience in providing assistive technology (AT), including wheelchairs. An Assistive Technology Professional (ATP) is a certified "service provider who analyzes the needs of consumers with disabilities, assists in the selection of appropriate assistive technology for the consumer's needs, and provides training in the use of the selected devices." Source: www.RESNA.org

A therapist or equipment supplier may also have earned the **Seating and Mobility Specialist (SMS)** credential, which indicates that they are certified ATPs who have extra knowledge and experience specifically in the prescription and provision of complex wheelchairs and wheelchair seating. This certification is also through RESNA. For a complete listing of all therapists and equipment suppliers with current ATP and/or SMS certifications you can go to www.RESNA.org.

It is recommended that both your therapist and your supplier be certified as an ATP. Ideally, they should also be certified as an SMS.

You may also contact the Clinician Task Force (www.cliniciantaskforce.us) for any assistance in locating a qualified therapist in your area.

There are several other credentials that the equipment supplier might obtain. Some of the credentials that you might look for are as follows:

RRTS®

An RRTS® has met the requirements to be included as a registrant of the National Registry of Rehabilitation Technology Suppliers (www.nrrts.org). Only registrants of **NRRTS** may use this credential.

CRTS®

A CRTS® is someone who has been an RRTS® in good standing for at least two years, has attained the ATP credential from RESNA and continues to maintain the ATP credential. Only registrants of **NRRTS** who have achieved the ATP certification may use this credential.

RTS

A Rehabilitation Technology Supplier (RTS) is not a certification. Any supplier of durable medical equipment (DME) can use the initials RTS as a description. It does not necessarily indicate that the supplier has knowledge or experience in providing assistive technology, including wheelchairs.

Consumer Organizations

There are many organizations that provide all kinds of information to help you in the process of obtaining a wheelchair. Some are consumer organizations that provide basic information about equipment, mobility, funding and more regardless of your disability. Others provide information to people with a specific disability or group of disabilities.

ALS Association - <http://www.alsa.org/>

Association of Assistive Technology Act Programs - <https://www.ataporg.org/>

Christopher & Dana Reeve Foundation - <https://www.christopherreeve.org/>

Muscular Dystrophy Association - <https://www.mda.org/>

National Multiple Sclerosis Society - <https://www.nationalmssociety.org/>

Paralyzed Veterans of America - <https://www.pva.org/>

Spina Bifida Association – <https://www.spinabifidaassociation.org/>

United Cerebral Palsy - <https://ucp.org/>

United Spinal Association – www.unitedspinal.org

Your Team Members:

Ordering Practitioner

Name:

Contact info:

Physical Therapist and/or Occupational Therapist

Name:

Contact info:

Equipment Supplier

Name:

Contact info:

Consumer Organizations

Name:

Contact info:

Name:

Contact info:

5.0 Getting Your Wheelchair Prescription and Therapy Referral

Wheelchair Prescription and Therapy Referral for a Wheelchair Evaluation

For any type of wheelchair, you will need a prescription (also called an “order”) for a wheelchair. This will be written by your ordering practitioner. Since this is often your primary care physician, we will refer to him/her as your “doctor” for the remainder of this document.

For certain types of wheelchairs, your doctor will also write an order or referral for a therapy visit for a Wheelchair Evaluation by another clinician and an equipment supplier. It is important for the therapist and supplier to receive the wheelchair prescription and wheelchair evaluation referral from your doctor, because it allows them to conduct the evaluation.

See **4.0 Gathering Your Wheelchair Team** for further details about these team members.

Your Doctor’s Responsibilities

During the office visit, your doctor will:

- Perform a physical exam to identify your need for a wheelchair. The complexity of this exam may depend on the type of wheelchair you will be getting and/or the requirements of your health insurance company.
- Write a note in your chart/medical record that describes your need for a wheelchair
- Write a **prescription/order** for a wheelchair and therefore become your “ordering practitioner”.
- Provide you with an **order/referral** to see a therapist (PT or OT) for a more in-depth Wheelchair Evaluation.
- Pass the responsibility to YOU to make an appointment with a clinic/facility for the Wheelchair Evaluation.
- Co-sign any documentation provided from the PT or OT that might be required by your health insurance company
- Sign any required documents by your insurance company that the supplier provides

Your Responsibilities

- **Schedule a doctor’s appointment** - in most cases, you will begin the process by scheduling an appointment for an office visit with your doctor. When you make the appointment, let the office know that you are coming in specifically for an exam for a wheelchair and to obtain a wheelchair prescription and a therapy referral for a wheelchair evaluation.

- Fill out your **Self Inventory of Needs: My Wheelchair Checklist** (see 2.0) – this is a self-assessment that will help you organize your thoughts about what you want from your wheelchair. Bring this with you and be prepared to discuss your wheelchair needs and any other helpful information regarding why you need a mobility device. State the functional reasons you need it and what life will be like if you don't have it. State why the current mobility equipment you have is not working for you.
- **Make an appointment for a wheelchair evaluation** - once you have your wheelchair prescription and the referral for therapy for the wheelchair evaluation, you will need to make an appointment at a clinic or medical facility for the actual evaluation. As mentioned in **4.0 Gathering Your Wheelchair Team**, this could be a clinic and/or therapist recommended by your doctor's office, recommended by someone else or chosen by you based on previous experience or research. If it is a clinic recommended by your doctor, his or her office may facilitate the scheduling of the appointment.

If you choose to work with a specific clinic and/or therapist you should inform the doctor's office of your choice. If you choose to work with a specific medical equipment company, you should inform the doctor's office and the clinic of your choice. In all cases, you should **check your health insurance plan** to see if you are required to go through a clinic, therapist and/or medical equipment company that is in your network. If so, you will need to choose accordingly and inform the doctor's office and clinic.

6.0 Your Environmental Self-Survey

Complete this home/environmental survey and provide the information to your seating team to help you decide which wheelchair works best for you. See below for school/campus or workplace environments.

Name: _____

YOUR NEIGHBORHOOD:

1. ☐ Large city urban (sidewalks/curb cuts) ☐ Small town urban (sidewalks/curb cuts)
☐ Suburban ☐ Rural Residential ☐ Rural Farm/Ranch.
2. General level of wheelchair accessibility in the neighborhood: ☐ Excellent
☐ Moderate ☐ Poor ☐ Variable

YOUR HOME:

1. ☐ Own ☐ Rent ☐ Other _____
2. ☐ Apartment ☐ Condo ☐ Elevator building ☐ Ranch/single level
☐ Two or three-story ☐ Bi-level entry ☐ Raised ranch ☐ Split or 3 levels
☐ Single wide mobile home ☐ Double wide mobile home ☐ Triple wide mobile home
3. Which level do you live on? ____ Do you have access to bathroom, kitchen, laundry inside your living area? Yes? No?
4. Total # of levels (including basement): ____
5. Home Entry
 - a) Number of doorways that you can/need to access from your WC ____
 - b) Doorway used to enter your home _____ Width ____ Door thickness ____
 - c) Is your home currently wheelchair accessible? ☐ Yes ☐ No
 - a. Can you enter independently? ☐ Yes ☐ No – if no, why not?
Are there plans to make your entry independent for your access from the WC?
6. **If your home is currently wheelchair accessible, answer the following:**
 - a) Type of entry ☐ Level ☐ Ramp ☐ Ramp with switchbacks ☐ Ramp in garage ☐
Grade/slope ☐ Porch lift ☐ Porch lift in garage/under cover ☐ Elevator ☐
Powered door opener.
 - b) Can you enter independently? ☐ Yes ☐ No
 - c) If there is a ramp does it meet ADA requirements? ☐ Yes ☐ No
Ramp width _____ Length _____ Degree of slope _____
7. **If your home is NOT currently wheelchair accessible, answer the following:**
 - a) Number of steps at the primary door _____ at the secondary door _____
 - b) Number of inches of rise from the ground at primary door _____ at secondary door _____
 - c) The doorway width is _____. The thickness of the door is _____.

OUTSIDE YOUR HOME

1. Driveway description: ☐ Right side of house ☐ Left side of house. Paved with: ☐ Concrete ☐ Asphalt ☐ crushed stone/gravel ☐ unpaved//dirt.
2. Is there landscaping that interferes with entering your home? _____

BATHROOM (the primary bathroom you use):

1. Location of your primary bathroom _____
2. Dimensions of this bathroom ____ x ____.
3. Width of the door _____inches.
4. The door opens: ☐ Inward ☐ Outward. It is hinged on: ☐ Right ☐ Left
5. Are the shower, tub, sink and toilet in the same room? ☐ Yes ☐ No
6. Current modifications? ☐ None ☐ Grab Bars ☐ Raised toilet seat ☐ Roll-in shower ☐ Shower/tub bench ☐ Hand-held shower head ☐ Other _____
7. Do you need a referral for bathroom modifications? _____
8. If you do not access the bathroom, do you receive bed baths? Perform toileting in bed (i.e. bowel program, catheterizations)?
Other comments: _____

9. **Do you have a tub/shower combination?** ☐ Yes ☐ No
 - a) Is there space by the tub for your wheelchair? ☐ Yes ☐ No
 - b) Do you have grab bars? ☐ Yes ☐ No
 - c) Approach to the tub when facing the tub faucet: ☐ Left ☐ Right
 - d) Length of tub _____inches
 - e) Height of tub wall _____inches
 - f) Inside width of tub (exclude lip) _____ inches.
 - g) Tub has: ☐ curtain ☐ sliding doors ☐ other: _____
 - h) Assist needed for transfers: ☐ Independent ☐ Supervision ☐ Need assistance
Other comments: _____

10. **Do you use a shower stall?** ☐ Yes ☐ No
 - a) Is there space by the shower stall for your wheelchair? ☐ Yes ☐ No
 - b) Do you have grab bars? ☐ Yes ☐ No
 - c) Width of the stall entrance _____inches.
 - d) Shower stall has: ☐ Glass Door ☐ Curtain ☐ Other _____
 - e) Location of the faucet/nozzle when facing the stall ☐ Left ☐ Right
 - f) Height of threshold/lip into shower _____ inches.
 - g) Assist needed for transfers: ☐ Independent ☐ Supervision ☐ Need assistance
☐ Use device _____
Other comments: _____

10. **Toilet:**

- a. Can you get close enough to the toilet to transfer? ☐ Yes ☐ No
- b. Grab bars: ☐ Yes ☐ No
- c. Height of toilet _____ inches

- d. Width of toilet _____ inches
- e. Space available to right of toilet _____ inches
- f. Space available to left of toilet _____ inches
- g. Assist needed for transfers: ☐ Independent ☐ Supervision ☐ Need assist
- ☐ Use device _____
- Other comments: _____

a. Bathroom Sink:

- a. Can you reach the faucet from your wheelchair? ☐ Yes ☐ No
- b. Room for knees/feet? ☐ Yes ☐ No
- c. Type of sink: ☐ Pedestal ☐ Cabinet
- Other comments: _____

BEDROOM:

- 1. Door width _____ inches.
- 2. The door opens ☐ In ☐ Out ☐ Hinges are on the: ☐ Right ☐ Left
- 3. Room dimensions: Width _____ ft. Length _____ ft.
- 4. Floor coverings: ☐ Wall-to-wall carpeting ☐ Area rug ☐ Throw rugs ☐ Wood
☐ Tile ☐ Vinyl ☐ Other: _____
- 5. Bed height (floor to the top of mattress) _____ inches
- 6. When facing the head of the bed do you transfer from the ☐ Right side ☐ Left side
- 7. Is there space next to your bed for a wheelchair?
- 8. Is there an electrical outlet for you power chair in reach: ☐ Yes ☐ No ☐ N/A
- 9. Assist needed for transfers: ☐ No, independent ☐ Yes ☐ Supervision ☐ Use device

- 10. Do you need to move any furniture or rugs? _____
- 11. Do you need a referral for any modifications? _____

LIVING ROOM/FAMILY ROOM

- 1. Door width _____ inches.
- 2. The door opens: ☐ In ☐ Out Hinges: ☐ Right ☐ Left
- 3. Room dimensions: Width _____ feet. Length _____ feet.
- 4. Floor coverings: ☐ Wall-to-wall carpeting ☐ Area rug ☐ Throw rugs ☐ Wood
☐ Tile ☐ Vinyl ☐ Other _____
- 5. Other furniture you would like to use: ☐ Sofa ☐ Chair ☐ Recliner
- 6. Height of that piece of furniture (floor to the top of seat) _____ inches

KITCHEN

- Do you cook or do dishes from your wheelchair? _____
- 12. Door width _____ inches.
- 13. The door opens: ☐ In ☐ Out ☐ Hinges are on: ☐ Right ☐ Left
- 14. Room dimensions: Width: _____ feet. Length: _____ feet.
- 15. Floor coverings: ☐ Wall-to-wall carpeting ☐ Area rug ☐ Throw rugs ☐ Wood
☐ Tile ☐ Vinyl ☐ Other _____
- 16. Counter tops: Height: _____ inches Depth: _____ inches
- 17. **Stove:**

- a. Height _____ inches Depth _____ inches
- b. Are you able to use the stove while sitting in your wheelchair? ☐ Yes ☐ No
- c. Are you able to safely reach the controls: ☐ Yes ☐ No

18. Kitchen Sink:

- a. Are you able to use the sink while sitting in your wheelchair? ☐ Yes ☐ No
- b. Are you able to reach the faucet: ☐ Yes ☐ No
- c. Are there cabinets underneath your sink? ☐ Yes ☐ No

19. Refrigerator:

- a. ☐ Side-by-side ☐ Freezer on top ☐ Freezer on bottom
- b. Can you access the refrigerator while sitting in your wheelchair? ☐ Yes ☐ No
- c. Can you access the freezer while using your wheelchair? ☐ Yes ☐ No

20. Kitchen table:

- a. Height from the floor to the underside of the table is _____ inches.
- b. Table shape: ☐ Round ☐ Square ☐ Rectangle ☐ Other: _____

21. Laundry:

- a. Location on W/C accessible level? ☐ Yes ☐ No
- b. Can you reach the controls from your wheelchair?

Grooming, Laundry, Housekeeping, Shopping, Kitchen/Cooking

- 1. I need assistance with: ☐ Grooming ☐ Dressing ☐ Laundry
☐ Housekeeping ☐ Shopping ☐ Cooking ☐ Eating
- 2. Do you have family assistance? ☐ Yes _____ hours/day ☐ No
- 3. Do you have paid assistance? ☐ Yes _____ hours/day ☐ No
- 4. Do you have access to and use the Internet? ☐ Yes ☐ No
- 5. Would you like to talk about increasing your independence with these and other activities? ☐ Yes ☐ No

TRANSPORTATION:

(It may be helpful to review the resource on wheelchair transportation safety that is part of this web resource (note to web developer: place a hyperlink to that section of the Mobility Map)

a. Your private vehicle:

- a. What kind of vehicle do you currently have? ☐ 2 door car ☐ 4 door car ☐ SUV
☐ Pickup truck ☐ Mini-van ☐ Full size van ☐ Wheelchair accessible or NMEDA-modified vehicle ☐ None
- b. Model/make: _____
- c. Are you able to transfer from your wheelchair to the vehicle seat? ☐ Yes ☐ No
- d. If no, do sit in your wheelchair while riding in your vehicle? ☐ Yes ☐ No
- e. Are you aware of the wheelchair and vehicle technology required for safe travel when sitting in your wheelchair in the vehicle? ☐ Yes ☐ No
If no, See: <http://wc-transportation-safety.umtri.umich.edu> to learn about "transit ready W/Cs." Transfer to an original vehicle seat with lap-shoulder belt is always safer.
- f. Can/will you consider making a vehicle change? ☐ Yes ☐ No
- g. If you make a change, what type of vehicle do you want to get? _____
Will you use/need a securement system such as tie-downs or EZ lock?

b. Public transportation:

- a. Do you have access to/use: ☐ Accessible transit service ☐ Accessible public transit bus or subway ☐ Accessible taxi ☐ Other: _____

c. If you ride seated in your wheelchair in the vehicle:

- a. How do you enter a van/bus? ☐ Ramp, ☐ Hydraulic lift ☐ Other _____
b. How do you secure your W/C? ☐ 4-point tie downs ☐ Docking system
c. Do you use a vehicle-anchored, lap/shoulder belt system? ☐ Yes ☐ No
If no, see: <https://unitedspinal.org/my-wheelchair-guide/wheelchair-transportation-safety/>
to learn about the need for W/C for protection tiedowns and occupant safety restraints.

d. If you ride seated in a vehicle seat:

- a. Height from the ground to the top of the seat? _____inches.
b. Height from the ground to the top of your wheelchair seat cushion? _____inches.
c. Shortest distance between the 2 surfaces? _____inches.
d. Do you need assistance transferring in/out of the vehicle? ☐ Yes ☐ No
e. If "yes", what kind of assistance do you use? ☐ Human ☐ Device _____
f. Do you need training with transfer safety or help with devices?
g. Which seat do you sit in? ☐ Driver seat ☐ Passenger seat ☐ Front ☐ Back
h. Seat type: ☐ Bucket ☐ Bench. Seat material: ☐ Fabric ☐ Leather ☐ Vinyl
i. Where do you put your wheelchair? ☐ Seat next to me ☐ Back seat ☐ Trunk or cargo area ☐ Truck bed ☐ 4-point tie downs ☐ Docking system

e. If you drive your vehicle, what do you use? ☐ Steering wheel ☐ Hand controls

f. If you do not drive and would like to, discuss this with your seating therapist. You can also learn more about driving adaptations

here: <https://unitedspinal.org/my-wheelchair-guide/wheelchair-transportation-safety/>, <http://wc-transportation-safety.umtri.umich.edu/drive-safe-poster>

Workplace Environment:

1. Describe your workplace: ☐ Home office ☐ Office building ☐ Call Center
☐ Manufacturing ☐ Laboratory ☐ Sales ☐ Call Center ☐ Describe outdoor work mainly; Traveling is a main part of your job: Other: _____
2. How will you travel to your workplace? _____
3. How many days per week do you work? _____
4. Do you need help with workplace W/C accessibility: ☐ Yes ☐ No
5. If yes, please describe: _____
6. Do you need help with personal care needs? ☐ Yes ☐ No
7. If yes, please describe: _____
8. Are you currently working with your state's Office of Vocational Rehabilitation? ☐ Yes ☐ No
9. If yes, please describe: _____

Education or Campus Environment:

1. Describe the physical characteristics of your school or campus: ☐ Hilly ☐ Flat ☐ Variable terrain ☐ Has winter weather conditions ☐ Has intense summer weather conditions ☐ Often rainy ☐ Mix of accessible buildings and offices ☐ Buildings have automatic door openers ☐ Accessible entrance/exit is marked ☐ Other issues
 2. As a student, do you live at home? ☐ Yes ☐ No
 3. If no, do you live in on-campus housing? ☐ Yes ☐ No? If no, where do you live?
 4. Do you know how to get services to help with accessibility ☐ Yes ☐ No
 5. If no, describe your situation: _____
 6. If you live in off-campus housing, do you need help with W/C accessibility?
☐ Yes ☐ No
 7. If yes, please use the "Your Home" section above in this survey tool to identify your specific home modification needs in your off-campus housing.
- Other: _____

7.0 Your Wheelchair Evaluation

You have a prescription for a wheelchair, a referral for therapy for a wheelchair evaluation and an appointment at the clinic or medical facility, or with your home health therapist. And you have filled out your **2.0 Self-Inventory of Needs: My Wheelchair Checklist** and **6.0 Environmental Self-Survey**. Now you are ready for the actual wheelchair evaluation. This is a key step in helping you get the right product for your specific needs. Based on the evaluation results, you will work with your clinician (therapist) and your equipment supplier to make the product selection.

Remember that the length of time needed to perform the evaluation for a wheelchair will vary based on the complexity and diversity of your needs. The evaluation might be completed in a single visit or there may be a series of appointments needed to complete all assessments, look at and try different options and/or provide training about your wheelchair. In some cases, the clinician will perform the physical exam portion of the evaluation during one visit and the clinician and equipment supplier will perform the assessment, equipment trials and choice of product during a subsequent visit.

The following paragraphs will describe the responsibilities of each of the wheelchair team members (including you!) and give you an overview of what will take place.

Your Responsibilities During the Evaluation

- **Come dressed appropriately.** The evaluation will include a physical assessment of your movements. It is important that you wear clothes that are loose and/or stretchy enough to allow you to move and be moved. However, also avoid clothing that is overly loose and baggy. The team will also be assessing things like posture and position. This is difficult to identify if it is masked by layers of baggy clothing. So, aim for not too loose and not too tight. If there is a style of shoe that you wear most frequently (flat, low heel, high heel), be sure to wear this type to the evaluation.
- **Bring your insurance cards and insurance information.** As applicable, bring the name(s), ID number(s) and group number(s) for your primary insurance and your secondary insurance, if you have one. Have the information you gathered regarding deductibles and co-pays ready to share (see **3.0 Preparing for Your Wheelchair Evaluation**).
- **Bring your current equipment.** If you have a current wheelchair that you are using, you should bring it with you. This will allow the wheelchair team to see what you have, what works and what doesn't and why you need something different. Your team will need this information when they justify the new equipment to your health insurance company. If you wear an orthotic device (brace) or prosthetic device (artificial leg) while in your wheelchair and/or on a daily basis, be sure and bring that as well. The team will need to consider this when they choose the new equipment. And be sure to let the team know what other equipment you have at home, such as a cane, walker, another wheelchair or other mobility-related devices. If you are unable to bring your wheelchair, please bring a photo of your wheelchair and seating system and serial number if possible along with the company name that provided it if

possible. If you use more than one wheelchair, please provide that information as well.

- **Provide information.** Provide the therapist and medical equipment company with the information you have prepared (see **3.0 Preparing for Your Evaluation**). Be ready to answer their questions, but also be ready to provide information on your own. Now is the time to mention any needs you have. If you do not speak up, you might end up with a wheelchair that doesn't fit your lifestyle, environment, and medical needs. This is a great time to give them your **2.0 Self-Inventory of Needs: My Wheelchair Checklist** and your **6.0 Environmental Self-Survey**.
- **Ask questions.** Don't be afraid to ask as many questions as needed to allow you to be part of the selection process. Some of the questions you might ask are as follows:
 - What types of wheelchairs, options and accessories are available?
 - What wheelchair, wheelchair system does the team recommended and why do they recommend them?
 - How will the equipment fit and maneuver in the different physical areas of your life, including your home, work or school environments and your vehicle? Will the wheelchair team conduct a home evaluation to answer these questions.
 - How long will the process take to get the wheelchair?
 - What other insurance information does the team need from you?
 - Is there a warranty on the wheelchair? What does it cover? Does it cover labor or just parts? What will your financial responsibility be?
 - Where will the delivery of your wheelchair take place?
 - If there are issues with your wheelchair in the future, who should you call?
 - Will you need to bring the wheelchair to the equipment company or will they come out to your home? And do they charge any service charges?
 - You should not feel rushed to agree to recommendations. Speak up if you would like to read about the wheelchairs and discuss with your caregivers and contact the therapist or supplier in a few days.
- **Collaborate.** Work with the therapist and equipment provider to complete their evaluations and recommendations.
- **Review the recommendations.** Ask to review the details of the equipment recommendations with your therapist and equipment provider. Make sure you understand and agree to all details of the equipment, including the wheelchair itself, the wheelchair system, and the options and accessories.

Therapist and Supplier Responsibilities During the Evaluation

- **Review your medical history and current lifestyle (therapist and equipment provider)**

The therapist will discuss your medical history with you to get an accurate clinical picture of you and your needs. Some of the things they might want to know are:

- How long have you had your diagnosis or injury? How has it progressed? Have there been recent changes?

- Do you have any other medical issues, such as cardiac, respiratory, bladder, bowel, stomach, visual, hearing and/or cognitive (memory) challenges?
- Are you currently being treated for anything or are you anticipating any procedures or surgeries that might affect the type/size of wheelchair you need?
- If you don't currently have a wheelchair, why do you feel that you need one?
- If you already have a wheelchair, why do you need a new one? What do you currently like and dislike about your current equipment?
- How would you describe your current daily activities and activity level? Are there activities that you need help with and how much help is needed?
- How would you describe your lifestyle and interests?
- What type of home do you live in? Is it accessible?
- What other environments do you typically encounter daily/weekly?
- What kind of transportation do you plan to use?
- What is the role if any of caregivers?

- **Conduct a physical evaluation (therapist)**

The therapist will perform a physical evaluation to assess for any problems or limitations. This is often done on a low mat table where you have room to sit and lie down. This is why it is often referred to as the "mat evaluation. During the exam the therapist may evaluate any of the following depending on the complexity of your needs:

- How different parts of your body move and whether there are any limits in joint and muscle movement.
- The posture that you typically sit in and the posture that you have the potential to sit in. The therapist will look at the position of your pelvis, trunk, legs, arms and head. It is important to gather this information, so the wheelchair team can choose products that will allow you to sit in your best possible posture for independent function. If not, you might sit in postures that can be harmful over time. This could also affect your balance and stability, making it hard to use your arms, increasing your risk for skin breakdown (pressure injuries/sores) and causing you to tire more easily. It is important for the therapist to identify the best posture for you to achieve maximum independence.
- Your balance and stability in sitting. This will tell the wheelchair team how much and what kind of support you need from the wheelchair seating and specifically where support is needed.
- Location, severity and triggers of pain
- Muscle strength
- Your ability to feel things like touch and pressure on various parts of your body
- The status of your skin if you currently have a pressure injury or have had one in the past

All of this will help the clinician identify what the wheelchair and seating should provide in order for you to sit correctly and comfortably and be as mobile and independent as possible.

As mentioned above, in some cases, the therapist might conduct this clinical part of the evaluation without the equipment supplier. In these cases, the therapist may have you return for a second visit to complete the rest of the evaluation with the supplier present.

Measure you for your wheelchair (therapist and/or equipment supplier)

- The therapist and/or equipment supplier will take measurements of your hips, trunk, legs, arms and feet to make sure they provide a wheelchair and seating that fits your specific size and shape. It is very important that the wheelchair fits you well and is comfortable.

Trial equipment (therapist and/or equipment supplier)

You may have the opportunity to try different types of wheelchairs and wheelchair cushions and back supports during the clinic visit. Some of the things the team might assess during these trials include, but are not limited to, the following:

- **Wheelchair size (width and depth)**

The team will identify the best choice for the dimensions of the overall wheelchair (width and length) as well as the size of the seat and back support. If the wheelchair and/or seating is too big or too small it will be difficult to use, will not support you in your best posture and will be uncomfortable. If the wheelchair itself is too big, it might not fit or maneuver in your environments. If the seat is too high or too low, you might not be able to access things in your environments or use the wheelchair effectively.

- **Seat cushion**

The seat cushion is a VERY important part of the wheelchair! Your pelvis and hips are your base of support when you are sitting in your wheelchair. As mentioned above, they must be positioned properly and sufficiently supported to avoid sitting in postures that can be harmful over time. You need to feel stable and comfortable. This might require specific contours in the cushion or added supports on the sides. You might also need a cushion made of materials that will protect your skin and soft tissue and decrease the possibility of developing a pressure injury/sore. In some cases, the clinic will assess this using a device called a pressure map while you are sitting on the cushion.

- **Back support**

The correct back support of the wheelchair will help you stay upright and increase your endurance. Just like a good seat in a car, if it is comfortable and provides the support you need, while still letting you move as freely as possible then you can drive longer and be more alert. The height of the back is important and should be selected based on your size and positioning needs. A low back will give you more room to move your arms but has less support. A high back will provide more support but might limit your arm movement. You might also need a certain shape or contour to the back support or added supports on the sides to help you feel more balanced and stable.

- **Leg and foot support**

The angle and length of the legrests, the type of footplate and the foot support(s) or strap(s) are important in keeping your feet aligned and supported so that you can sit in your best posture and feel stable and balanced.

- **Chest support**

A chest strap or chest harness might be needed to help you sit upright and/or keep your balance when leaning forward, or to the side.

- **Headrest**

A simple padded head support will be needed if you are in a power wheelchair that allows you to tilt or recline the wheelchair. You might need something more complex, with other pads, shape or contour if you need help keeping your head upright or in good alignment.

- **Hip and/or Thigh Supports**

You might also need support along the sides of your hips or your legs or between your knees to keep your legs aligned and prevent your knees from falling in towards the center or out to the sides.

- **Comfort**

The best equipment available is no good if it is not comfortable for you. Be sure to let the team know if the wheelchair, cushion, back support or any accessories cause you discomfort or pain. However, also keep in mind that the equipment may feel different to you if you have been sitting in poor posture and are now more upright and aligned. It's like wearing a new pair of shoes vs your comfy old slippers. Try to distinguish between real discomfort and just a feeling of something "different". You should not feel like you are "working" to sit in your functional position or "fighting" with your seating to get comfortable.

- **Manual Wheelchairs Specific Considerations:**

- The team might look at the type of wheels and/or casters that are best for your needs, as well as the specific position of the wheels. These features of the wheels should make it as easy as possible for you to push the wheelchair.
- They might also look at your ability to move in the wheelchair and shift your weight to achieve different positions that can protect you from skin breakdown.

- **Power Wheelchairs Specific Considerations**

- The team might test your ability to operate the wheelchair using a standard joystick control. If you have trouble operating this, they may try other types of controls or parts of your body other than your hand to operate the wheelchair.
- If the power wheelchair has tilt and/or recline features, they should assess your ability to operate the controls for these features both in upright and when tilted or reclined.

Choose the product(s) that best meet your needs (therapist and medical equipment provider)

The therapist and the equipment provider will work together to match technical features of a wheelchair, wheelchair seating and options and accessories to your needs. This includes assessment of your physical abilities, your limitations, your goals, your lifestyle and your environments (e.g., home, work, school, community, vehicle, church, etc.).

They will then choose the make and model of the wheelchair and seating that will best meet your needs and maximize your comfort, function, health and independence.

The seating team should share information with you regarding the type of wheelchair they recommend and the various options and accessories they have selected, including the cushion or wheelchair seat, back supports, leg supports, armrests, wheels and so forth and why they chose what they chose

Additional Education and Information

- **Skin Care:** During your appointment, you should receive education about how to prevent skin breakdown or pressure ulcers from sitting for long periods of time in your wheelchair. If you have a history of skin breakdown or have a wound, the team should prescribe a special kind of wheelchair cushion designed to help protect your skin. If you are getting a power wheelchair, they may recommend special electronic features that help you tilt or recline the wheelchair to shift your weight away from your buttocks to relieve some of the pressure. They should also tell you how often you should shift your weight and provide other information that can reduce the risk of injury.
- **Future Problems:** Your clinician and equipment provider should let you know what to do if you have a problem with your wheelchair. Typically, if you do encounter a problem with your wheelchair, you should call your equipment provider first:
 - If it is **mechanical or technical problem**, the supplier can arrange for the problem to be diagnosed and repaired, if needed. Be aware that some health insurance plans will require the equipment provider to get an order from your doctor to perform the repair and replace any needed parts. If the wheelchair is beyond repair, the equipment provider may have you see your doctor and therapist to begin the process of getting new equipment.
 - If you are having a **new or physical problem** or if your condition has worsened or changed such that the wheelchair is causing discomfort or is not allowing you to perform your daily activities, the equipment provider may tell you to see your therapist.

8.0 Home Assessment

What is the Purpose of the Home Assessment?

The reason for a home assessment is to look at the accessibility within your home, both inside and outside. This will help the wheelchair team know what kind of wheelchair will fit and maneuver within your home and reduce the risk that they will provide something that will not function in your environment. They might also recommend home modifications or simple changes that can be made or provide suggestions for additional assistive devices that can make it easier and safer for you to get around your home and complete your daily activities.

Who Will Conduct the Home Assessment? When Will It Take Place?

The home assessment will typically be done by the medical equipment provider, however, the therapist might attend as well. They will call to schedule a day and time that is convenient for you.

In most cases, the home assessment will be conducted after your wheelchair evaluation. However, there are cases where it might occur beforehand.

The length of time needed to complete the home assessment for a wheelchair will vary based on the complexity and diversity of your needs, and the size and features of your home and the rooms that you need to access within your home. It will also depend on the activities that you will need to participate in on a daily basis.

Your Responsibilities Before Your Home Assessment

- **Fill out your Environmental Self-Survey – (see 6.0)** this provides initial information to the wheelchair team about your home, other environments that you frequent and your transportation needs. If your wheelchair evaluation occurs prior to your home evaluation, make sure to bring the self-survey to your appointment. If your home assessment will occur first, have this ready to give to the team member who will conduct the assessment. This helps them know what your needs and goals are regarding mobility within your home.

What to Expect During Your Home Assessment

As mentioned above, the complexity of the home assessment will depend on your needs and the specific features of your house and outside environment. Some of the things that the member or members of your wheelchair team might look at or ask about include the following:

- What type of home do you live in (apartment, condo, single family home, 1-level home, multi-level home, mobile home, assistive living, independent living, group home, long-term care).
- Whether you rent or own and whether remodeling is an option, if needed
- Features of the primary entrance, including location, whether there are steps (how many?), and whether there is a ramp (length, width and turning space).
- Type of outside surfaces that you will need to traverse (pavement, grass, gravel, dirt, brick, stone, etc.).

- Type of indoor surfaces (low or high pile carpet, linoleum, tile, hardwood, etc.)
- Which rooms you need to / would like to access - bedroom(s), bathroom(s), living/family room(s), dining room, kitchen, laundry room, and so forth.
 - Width of hallways and turning space to enter these rooms
 - Widths of the doorways into these rooms
 - Turning space within these rooms
- Whether there are any steps within the home (how many?)
- Whether there is access to an elevator or stair glide
- Heights of surfaces or things that you need to access, such as countertops, tables, desks, shelves (cabinet, refrigerator, other), sinks, stove top, and so forth

During the assessment, the wheelchair team might make suggestions as to how to make your home more accessible, maneuverable and/or safe. Some of these recommendations will be optional. However, there could be some modifications that will be necessary to accommodate the type of wheelchair that is most appropriate for you. This could include adding a ramp or other modification to get into your home, removing doors or changing hardware to allow access into certain rooms, re-arranging or removing furniture to allow sufficient maneuverability within a room, and/or changing where things are located.

Your Responsibilities During Your Home Assessment:

Be an active participant in the assessment. Be prepared to describe:

- The activities that you perform during a typical day, your lifestyle, your activity level and your mobility goals
- What rooms you really need to access to complete your daily activities
- What you can do, what you are unable to do and what you'd like to do, but cannot because of any current accessibility limitations within the home
- Your transportation needs, including the type of personal vehicle you use, whether you drive or are a passenger, how you secure your wheelchair, and what type of public transportation you use and how the wheelchair is secured.

Be open to the feedback provided by your wheelchair team. Take notes (or have someone else take notes) as to what they suggest and recommend. Be aware that using a wheelchair (or a new type of wheelchair) within your home could require some modifications and changes within your home.

Is the Assessment Limited to Your Home?

In some cases, a member or members of your wheelchair team might also assess other environments that you encounter on a daily or frequent basis, such as your school or workplace, or if you live with someone else. Please indicate early if you are making plans to move in the near future or purchasing other property you need to assess. They will look at many of the same features described above. Be prepared to provide them with the same types of information regarding your needs within the environments.

9.0 GETTING YOUR WHEELCHAIR

Evaluation

- a) Report – Your therapist will complete the evaluation and intervention reports documenting your medical and functional status including what wheelchairs and seating systems were considered and the specific products chosen as a team. Obtain therapist approval, independent of the medical equipment company.
- b) Justification of features – The therapist will write a justification to your insurance company for any and all components that have a separate code and charge. This document is often called a **“Letter of Medical Necessity”** but can also be an addition to the evaluation and other therapy reports. If provided as a separate letter the therapist will usually summarize the other reports or simply refer to these reports for medical and functional information. Your physician will need to co-sign all documentation provided by the therapist for the medical equipment provider to submit for funding approval. **(A Letter of Medical Necessity is an essential part of a request for services and can be used in a wide range of issues. Maybe a physician has ordered a new medication for a patient and the insurance company denies paying for the medication).**

Examples of what may be documented for justification of your wheelchair (your therapist should ensure the justifications are specifically customized for your needs):

- An ultra-lightweight manual wheelchair with an adjustable axle plate allows the Center of Gravity of the rear wheel axle to be adjusted for alignment with patient's shoulder girdle for efficient reach to propel. This feature is not available on any lower end frame including high strength lightweight and will assist with preventing long term shoulder overuse injuries. Your therapist should rule out the lower coded wheelchairs.
 - Adjustable angle footplates will accommodate limitation in ankle range of motion (ROM) to distribute pressure evenly over the plantar surface of the foot to prevent skin breakdown and allow positioning of the footplate forward or posterior to accommodate limited knee ROM.
 - Power wheelchair is required to provide the patient with independent mobility within their home to perform their mobility related activities of daily living (MRADLs). (i.e. the user is safe and functional with the controls and can drive without incident. The user is unable to ambulate safely and independently throughout the day for their MRADLs as noted in the therapist's (OT/ PT) Evaluation report. He/she is unable to successfully propel any weight optimally configured manual wheelchair with their upper or lower extremities due to weakness and poor endurance nor are they able to use a power-operated vehicle (POV) due to the need for supportive seating to maintain upright sitting posture.
- c) Face to Face Meeting with Physician and Insurance Paperwork

- i) The Centers for Medicare and Medicaid (CMS) have written guidelines requiring your physician to see you in their office “face to face” to complete an examination and document your need for the wheelchair and seating system recommended. Private insurance companies often follow CMS’s recommendations and have this same requirement. You need to be familiar with your insurance plan and their paperwork requirements for the type of wheelchair that you require. * Medicare references*
- ii) For Medicare and Medicaid and some insurance companies. Physicians shall document the examination in a detailed narrative note in their charts in the format that they use for other entries. **The note must clearly indicate that a major reason for the visit was a mobility examination.**
- iii) Your medical equipment provider and/or therapist will provide the therapy documentation for the physician to refer to for this visit. Your physician is responsible for documenting their progress notes specific information regarding your medical status and functional need.
- iv) The physician’s report should provide pertinent information about the following elements but may include other details.
- Symptoms
 - Related diagnoses
 - History
 - How long the condition has been present
 - Clinical progression
 - Interventions that have been tried and the results
 - Past use of walker, manual wheelchair, power operated vehicle, or power wheelchair and the results
 - Physical exam
 - Weight
 - Impairment of strength, range of motion, sensation, or coordination of arms and legs
- v) Presence of abnormal tone or deformity of arms, legs, or trunk
- Neck, trunk, and pelvic posture and flexibility
 - Sitting and standing balance
 - Functional assessment – any problems with performing the following activities including the need to use a cane, walker, or the assistance of another person
 - Transferring between a bed, chair, and mobility device

- Walking around their home – to bathroom, kitchen, living room, etc. – provide information on distance walked, speed, and balance. Use of objective measures is very helpful including falls risk.
- Ability to utilize manual versus power-operated vehicle versus power wheelchair
 - For a power wheelchair your physician will also need to complete a **7 Element Order Form** which is similar to a prescription and must contain the following:
 - Your name
 - Description of the item that is ordered. This may be general – e.g., “power operated vehicle”, “power wheelchair”, or “power mobility device”– or may be more specific.
 - Date of completion of the face-to-face examination
 - Pertinent diagnoses/conditions that relate to the need for the power-operated vehicle (POV) or power wheelchair
 - Length of need
 - Physician’s signature
 - Date of physician signature

10.0 Wheelchair Equipment Fitting & Delivery

What to Expect

Once your equipment has been received, prepared and assembled your wheelchair clinic or medical equipment supplier will contact you to schedule an appointment to deliver your equipment.

If you have not heard about the status of your equipment and would like an update you may call the supplier directly to check the status of your wheelchair approval, order progress, and anticipated delivery date before they contact you.

At your equipment fitting & delivery appointment you will not simply receive your wheelchair. Ideally, you will meet with your prescribing clinician and your supplier, so the entire team can ensure that your wheelchair is a good fit and will work for you as intended. At this appointment you will learn more about how to use and care of your new equipment. This is also an opportunity for you, your family and caregivers to ask your clinician and supplier questions about your new wheelchair system.

Basic process

- Once the wheelchair is received by the medical equipment provider, they will prepare it for delivery and let the clinic know
- The clinic or medical equipment provider will contact you to schedule an appointment for fitting and delivery
- To get your equipment you must attend this equipment fitting & delivery appointment

Fitting & Delivery Appointment

- The length of time needed to perform the wheelchair fitting will vary based on the complexity of your wheelchair system.
- The appointment may take between a half hour for a simple wheelchair to a few hours for a complex manual or power wheelchair that requires configuration and adjustments.
- Ideally, the entire team who participated in the initial assessment is present for the fitting appointment to ensure that the delivered equipment is as intended and meets the identified goals.

The fitting & delivery appointment typically includes:

1. Meeting with your prescribing clinician to assess your fit, positioning, function, comfort and use of the new wheelchair
2. Obtaining information and education about:
 - a. Safe operation and maintenance of your wheelchair, to include manual wheelchair propulsion techniques and/or driving your power wheelchair in a variety of environments or surfaces.
 - b. Protecting your skin from risks for pressure injuries or damage
 - c. Considerations for posture and positioning for function and safety
3. Determining need for additional training such as but not limited to wheelchair

skills training, functioning from your wheelchair, transferring, assembling/disassembling your wheelchair system, transportation safety, caregiver training, etc.

4. Determining how to decide if follow up is needed with the clinic or the supplier and how frequently follow up is recommended

5. It could also include pressure mapping on your new cushion in your properly fitted wheelchair to ensure the cushion is correct for you.

To verify proper fit, position, comfort and function the clinician and medical equipment provider will typically assess the following wheelchair seating, positioning, and mobility features:

- Seat support (appropriate width and depth)
- Pelvic position/support (postural alignment)
- Cushion: Support, shape, and pressure distribution. (Pressure mapping may be necessary, pressure mapping is a computerized clinical tool for assessing pressure distribution).
- Leg support (leg rest length, footrest angle, ground clearance, foot strapping)
- Trunk stability and balance (comfort and function)
- Back support (height, shape, pressure, contact area)
- Lateral supports, chest harness (location, size, shape, support, comfort, pressure, transfers)
- Other positioning devices (lap tray, transport option, etc.)
- Headrest (position, support)
- Hip Guides/Adductor Pads (location, support, ability to transfer)
- Considerations for Manual Wheelchairs
 - Wheel position for propulsion (Forward, Backward, Vertical position)
 - Frame orientation for function and comfort (tilt, recline, seat to back angle)
 - Seat to floor height (transfers, pushing with feet)
- Considerations for Power Wheelchairs
 - Joystick or specialty control position for access
 - Ability to access controls when tilted or reclined
 - Programming of electronics and drive controls to meet individual daily needs
 - Ability to manage pressure, edema, and other medical issues with power features
 - Pressure Relief (ability to achieve pressure relief using planned method)

Delivery

After you sign for your equipment, the medical equipment provider's delivery ticket confirms date of delivery. A contract between the medical equipment provider and you accepting the equipment is provided on that date. At that point, the medical equipment provider bills the third-party payer.

11. Wheelchair Skills Training

It is critically important that you know how to safely and effectively utilize your wheelchair. The therapist is primarily responsible for teaching you how to function from your wheelchair, how to get in and out of the wheelchair and techniques to minimize your risk for pressure injuries. If you are a new wheelchair user you will need to know not only how to propel and turn your manual wheelchair, but also how to navigate stairs, ramps and environmental obstacles, especially in case of emergencies.

Your therapist and medical equipment provider can work together to train you on techniques to use the programming of your wheelchair over various terrains (flat, hilly) and tight spaces for example. Also, if you are getting a power assist device (push Rim or power add-on), you will benefit from training and practice to safely use your device in a variety of situations.

If you find you are having difficulties functioning from your wheelchair you can schedule an appointment with your therapist for wheelchair skills training. Check out the useful references below to get an idea of the types of skills that your therapist can help you to learn.

Helpful References:

<https://unitedspinal.org/my-wheelchair-guide/>

Manual Wheelchair Skills Videos/Content developed by Wheelchair Skills Program, Dalhousie University (power wheelchair content coming soon).

The Manual Wheelchair Training Guide, Beneficial Designs:

https://www.amazon.com/Manual-Wheelchair-Training-Guide-Axelson/dp/188263215X/ref=dp_ob_title_bk

The Powered Wheelchair Training Guide, Beneficial Designs:

<https://beneficial-designs-inc.square.site/product/powered-wheelchair-training-guide/8?cs=true>

12. Maintenance, Repairs and Follow-Up

Your wheelchair will require ongoing maintenance, intermittent repairs, and general follow up to be sure it still fits you properly and still meets your needs. The medical equipment provider is responsible for providing user training on handling the wheelchair (such as folding, or taking parts on/off the wheelchair), safe use, care and maintenance of the wheelchair, and what to do in the event of a mechanical problem.

It is important to maintain a good ongoing relationship with your medical equipment provider. Keep them informed of any changes to your contact information or insurance information. In most cases, your insurance will cover repairs and replacement parts. For example, you may be eligible for new tires every 6-12 months or a new seat belt every year. Your medical equipment provider and therapist can help you with this information according to your specific policy.

If your wheelchair is found to no longer be appropriate or in need of replacement, the process should start all over again with a referral for an assessment for a new wheelchair or a substantial modification of the existing wheelchair. If there are mechanical issues or the customizations are not according to your specifications, contact your medical equipment provider as soon as possible.

13. Denials, Appeals, Trials and Loaners

Denials and Appeals

Denials/Appeals:

What if my wheelchair, seating, repairs gets denied?

Find out as much as you can regarding the reason for denial and talk through this with your wheelchair team. If there is a need for:

- more medical justification, contact your therapist or physician.
- correct coding, contact your medical equipment provider.
 - Your medical equipment provider can help you determine who may be best to write the appeal. If you have a “benefit limitation” such as one cushion every five years and you are requesting one before that time, your clinician will need to do a thorough job justifying why the current equipment is not meeting your need and the reason for the request prior to the allowed time frame.

How does the appeals process work?

Most insurance companies allow for a one-time appeal for reconsideration of your appeal and there is usually a time frame to submit that appeal documentation. If the appeal is denied, you can go to a higher medical review with your insurance company. You can also ask for a “peer to peer” where your physician can speak with the medical reviewer to discuss any questions or clarifications needed to get your equipment approved.

If you are still being denied, regarding your access to needed equipment, you can turn to your state’s Protection and Advocacy for Assistive Technology Program.

Protection & Advocacy for Assistive Technology

The PAAT program was created in 1994 when Congress expanded the Technology-Related Assistance for Individuals with Disabilities Act (Tech Act) to include funding for P&As to assist individuals with disabilities in the acquisition, utilization, or maintenance of assistive technology devices or assistive technology services through case management, legal representation and self-advocacy training.

PAAT is administered and regulated by:
U.S. Department of Health and Human Services
Administration for Community Living
Washington, DC 20201

Federal grant funds are provided to each state, under Section 5 – Protection and Advocacy: Assistive Technology, of the Assistive Technology Act of 1998, as amended, P.L. 108–364.

To view 2020 funding for your state on assistive technology, click this link:

<https://acl.gov/sites/default/files/about-acl/2020-04/PAAT-2020.pdf>

To contact your state's assistive technology program, click here: <https://www.ataporg.org/> - The Association of Assistive Technology Act Programs

To contact your state's protection and advocacy agency, click here: <https://www.ndrn.org/about/ndrn-member-agencies/> - National Disability Rights Network's Protection and Advocacy Agencies

Trials and Loaners

Rentals are covered by most payers for the short term but usually they are not customized for your needs and will not necessarily be the same as the ordered equipment. This should be coded the same as your long-term equipment if your medical equipment provider is billing for it as a rental. Be careful that your equipment is not rented past a time limit that it becomes a purchased item. This will impact your ability to get new equipment until you are eligible again.

Your medical equipment provider may choose to loan you a demo wheelchair. If this demo is a new chair, understand that this is only a temporary fix and must be returned to the medical equipment provider in good condition. Remember, this is a courtesy service and is not required. Not all companies are in a position to do this.

14. WHEELCHAIR ADVOCACY

WHAT YOU CAN DO:

Who are the players?

Is it an insurance issue? Call your insurance company, make sure everything is in order (phone number is usually on the back of your insurance card).

Is it a manufacturer issue? Are you getting the customized equipment you need from your preferred manufacturer? www.ncart.us; www.nrrts.org

Is it a supplier issue? Are you given time to trial your equipment and receiving timely necessary updates to your equipment? www.ncart.us; www.nrrts.org; [Center for Medicare Advocacy](#)

- First call the local office to speak to the wheelchair supplier or assistant. Make sure you record the phone number for future reference.
- Call your physical therapist or occupational therapist too if you don't hear from the supplier, to help as an additional advocate on your behalf.

Then, call the corporate office. Many times, if you search the supplier website, there is a customer service number or form to contact them by e-mail. This is key, but only after you verify and document the specific inaction by the branch office of the provider. Once you have the verification of an office's inordinate delay or mishandling of your order, go first to that branch office manager to rectify the problem. If that branch manager puts you off or flubs further, the mere threat to call corporate is often enough to get them moving once again. Once you do need to call the corporate office, things may start moving but continue to document everything for your own records.

Is it a prescribing physician issue? Are you having problems getting the required medical documentation? [Certificate of Medical Necessity Description](#)

Advocacy needs:

Manual wheelchairs & power mobility devices under Medicare

- Medicare Part B (Medical Insurance) covers power-operated vehicles (scooters) and manual wheelchairs as Durable Medical Equipment (DME) that your doctor prescribes for use in your home. You must have a face-to-face examination and a written prescription from a doctor or other treating provider before Medicare helps pay for a power wheelchair. Power wheelchairs are covered only when they're medically necessary.
 - Process that supplier/provider goes through with individual on Medicare:
 - [new wheelchair](#) – click [here](#) to view 'Medicare Learning Network Booklet on Power Mobility Devices'
 - [necessary wheelchair repair and replacements](#)

- Payment may be made for repair, maintenance, and replacement of medically required DME, including equipment which had been in use before the individual enrolled in Medicare Part B of the program (excluding repair, maintenance, replacement of equipment in the frequent and substantial servicing or oxygen equipment payment categories).¹
- Payments for repair and maintenance may not include payment for parts and labor covered under a manufacturer's or supplier's warranty. To repair means to fix or mend and to put the equipment back in good condition after damage or wear. Repairs to equipment which a beneficiary owns are covered when necessary to make the equipment serviceable.²
- Under the Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program (the Program), beneficiaries with Original Medicare who obtain competitive bidding items in designated competitive bidding areas (CBAs) must obtain these items from a contract supplier, unless an exception applies.
 - Medicare allows for the repair of beneficiary-owned items by any Medicare-enrolled supplier. Repairs to medically necessary, beneficiary-owned equipment are covered when necessary to make the equipment serviceable or when non-routine maintenance is performed by authorized technicians per manufacturer recommendations. Labor to repair equipment is not subject to competitive bidding and will be paid according to Medicare's general payment rules.
 - Beneficiary-owned competitively bid items that are replaced, rather than repaired, must be furnished by contract suppliers when beneficiaries obtain these items in a CBA.³

Click [here](#) to find a Medicare contract supplier.
- Shortfalls in wheelchair provision or repair processes may include:

¹ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R30BP.pdf>

² *ibid*

³ https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/dme_repair_replacement_factsheet_icn905283.pdf

1. Delays from supplier, insurance, manufacturer, prescribing physician
 - a. Your documentation may be in a pile on a desk somewhere and it is up to you to follow up to keep the process moving.
 - b. What you can do to help mitigate the delays:
 - i. Stay active in the process.
 - ii. Log initial supplier contact, dates of trials and evaluations, include names and phone numbers.
 - iii. Ask what is the next step and ask for timeframes for completion of each step.
 - iv. Follow up.

Advocacy Resources:

1.a.) If it is a Medicare-related issue, call your local Congressional office, main switchboard: (202) 224-3121, or visit United Spinal's website to find out who your Senator or Representative is <https://unitedspinal.org/advocacy-action/resources/>. Your Senators and/or Representatives will have constituent case workers and if they investigate, you may find out what the problem is and it is more likely to be taken care of in a timely manner.

b.) If it is a Medicaid or state insurance issue, call your state legislator, visit your state legislature here, (for state, select State and for Content, select Home Page). <http://www.ncsl.org/aboutus/ncslservice/state-legislative-websites-directory.aspx> or state Medicaid office, <https://www.medicaid.gov/medicaid/index.html>

c.) This Plan Finder website is provided by the Federal government to help you find private health plans available outside the health insurance marketplace: <https://finder.healthcare.gov/>

2.a.) Contact your protection and advocacy agency within the National Disability Rights Network (NDRN) <http://www.ndrn.org/en/ndrn-member-agencies.html>. NDRN is the nonprofit membership organization for the federally mandated Protection and Advocacy (P&A) Systems and Client Assistance Programs (CAP).

There is a P&A/CAP agency in every state and U.S. territory as well as one serving the Native American population in the four corners region. Collectively, the P&A/CAP network is the largest provider of legally based advocacy services to people with disabilities in the United States.

You can also find what Protection and Advocacy for Assistive Technology Programs may be available in your state. Examples of problems that P&As can help you with include systemic delays with insurance coverage or equipment delivery. See Association of Assistive Technology Act Programs below.

OR

2.) Contact your [Centers for Independent Living](#) in your state for the following assistance:

- a. Information & referral
- b. Independent living skills training
- c. Individual and systems advocacy
- d. Peer counseling
- e. Transition assistance from nursing homes and other institutions to community-based residences
- f. Assisting individuals to avoid institutional placement
- g. Transition of youth with significant disabilities after completion of secondary education to postsecondary life.

3. [Association of Assistive Technology Act Programs](#). The Association of Assistive Technology Act Programs (ATAP) is a national, member-based non-profit organization, comprised of state Assistive Technology Act Programs funded under the Assistive Technology Act (AT Act).

4. Protecting and Promoting Access to Complex Rehab Technology www.access2crt.org

5. [Center for Medicare Advocacy](#). The Center for Medicare Advocacy's mission is to advance access to comprehensive Medicare coverage and quality health care for older people and people with disabilities by providing exceptional legal analysis, education, and advocacy.

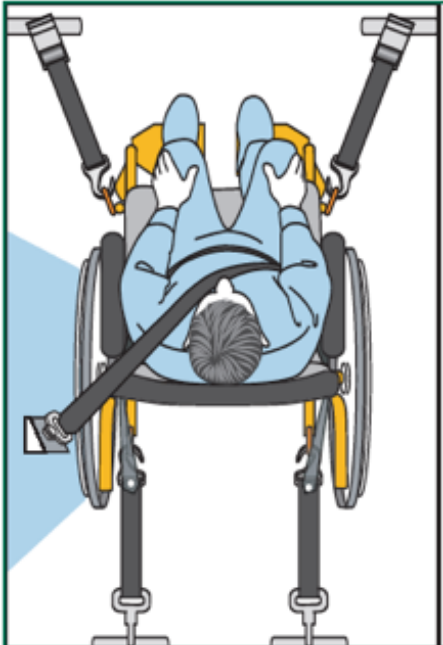
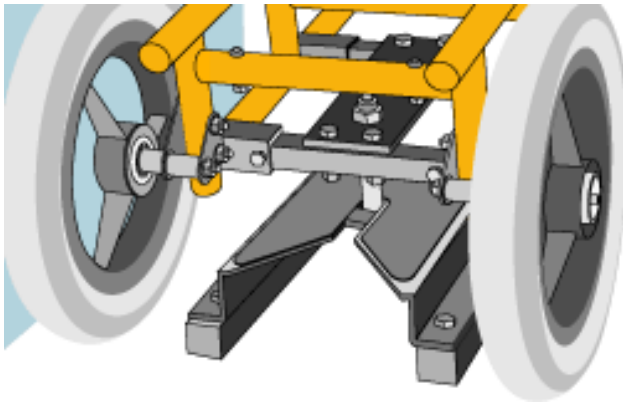
15. Wheelchair Transportation Safety Considerations

Introduction

What is the bottom line? A crash-tested original equipment (OEM) seat in a car, truck, or van is the safest seat in a motor vehicle. However, when someone is unable to transfer to these seats due to pain, weakness, or fatigue, it is then necessary to further explore the topic of Wheelchair Transportation Safety.

- Wheelchairs are used because they restore mobility within typical daily environments. However, this “mobility” feature is the opposite of the engineering and safety requirements for seats within a motor vehicle. In a transportation vehicle, a passenger seat must be bolted to the vehicle floor. For a wheelchair used as a vehicle seat, this “seat with wheels” needs to be anchored to the floor of the vehicle. The straps and belts or dock that can do this must be strong enough to survive the forces of a crash. Wheelchair transportation safety products are tested to the same standards as those required for all car, truck, and van safety equipment.
- Inability to transfer to an OEM seat may create the need to use a different type of vehicle (i.e., a wheelchair accessible van) or a different mode of transportation (i.e., paratransit or bus). To get equivalent passenger safety during travel, a wheelchair seated passenger needs additional equipment. They need to use 4-straps or a dock to secure their WC to the floor of a vehicle. This equipment must be crash-tested according to standards and properly installed. In addition, an occupant restraint system must be fitted so it has close contact with the sturdy parts of the human body; (i.e., the shoulder, breast-bone and pelvis). These belts and straps must then be anchored either to the vehicle floor or to the D-rings on the 4-point strap-type wheelchair tiedowns.
- It is also important to hold the occupant safely within their seat using a 3-point lap shoulder belt that is much stronger than a simple pelvic positioning belt that many have installed on their wheelchair. The standards for testing any vehicle safety equipment use the metric of a crash test that replicates a 30 mph change in velocity and generates a 20g force. Though this may not sound like much, this force is the equivalent of vehicle accident ranking at the 95th percentile of severity. The pictures that follow show the proper use of both a 4-point, wheelchair tie down system and a 3-point, crash-tested, lap shoulder belt restraint.
- When someone has a privately-owned vehicle (usually an accessible van with a ramp or lift), they have an alternate option. They can invest in a 2-part docking station that allows much easier, independent wheelchair securement. One part of the system attaches to the wheelchair and the second part is mounted to an exact place on the floor of the vehicle depending on whether it is for a driver or a passenger. A dock typically allows use of the vehicle's 3-point vehicle lap shoulder belt for safety restraint. This dock required adding hardware specific to the model of manual or powered wheelchair. This

system only works when a modified wheelchair always docks into its own, customized van.

	
<p>This crash-tested Wheelchair Tiedown & occupant restraint (WTORS) system is used in public transportation because it serves most wheelchair types and passengers.</p>	<p>This crash-tested docking system is used in private vehicles. A wheelchair must be customized with add-on hardware and the rider must use a vehicle anchored lap shoulder belt.</p>

NMEDA and ADED: Important Resources

Installing “after-market” safety equipment into a personally owned vehicle requires that the equipment be installed properly and according to strict safety standards. Members of NMEDA, the National Mobility Equipment Dealers Association, are qualified and certified to properly install these types of safety systems. You can find a NMEDA dealer member in your community at <http://www.nmeda.com/>. NMEDA very active in promoting wheelchair transportation safety and is also active in selling new and second-hand accessible vehicles.

If you need help determining how it might be possible for you to drive, contact a member the Association for Driver Rehabilitation Specialists (ADED). Their website at <http://www.aded.net/> had a searchable directory of members all over the US. Because of the importance of choosing exactly the right equipment and installing for optimal use, most NMEDA-certified dealers will require an evaluation and specification from an ADED member. Most health insurance does not pay for driver evaluation or wheelchair transportation safety equipment. The exceptions to this are the VA Healthcare system and the state-wide office of vocational rehabilitation when wheelchair-seated travel is needed for employment.

Paratransit Travel

Paratransit can be a service of either a public or private organization. If a city or town provides publicly funded transportation, then it is required by the Americans With Disabilities Act to also provide accessible transportation or paratransit.

Generally, paratransit services support “on-demand,” door-to-door travel which must be scheduled in advance. In some towns without public paratransit, a local non-profit organization (e.g. the Red Cross) will provide this service to support its local citizens with disabilities. The operators of paratransit vehicles are trained in wheelchair transportation safety. The vehicle is typically smaller than a public transit bus and uses a vertical hydraulic lift to bring on passengers.

In most situations, an individual must apply to be a paratransit customer in advance of their need for travel. The potential customer may also be required to have certain physical, sensory, health, or geographical limitations that prevent them from using a fixed-route public transit bus. Travel is commonly paid for with a fixed price ticket which is purchased in advance.

Fixed-Route Public Transit or City Bus

The Americans with Disabilities Act (ADA), passed in 1990, requires that all modes of transportation be accessible for passengers with any type of disability. This includes all passengers who use wheelchairs or other mobility device like a rollator or rolling walker. As a result, all large public transit buses that follow fixed routes, are wheelchair accessible. To meet the requirements of the ADA, they must have ramped entries, low floors (no steps) and be equipped with two wheelchair stations. These wheelchair stations are typically placed under side facing bench seats at the front of the bus that flip up when a passenger using a wheelchair boards the bus. Each station is equipped with retractable straps for 4-point tie down (one for each corner of the wheelchair) and a wall mounted, 3-point lap shoulder belt. This lap shoulder belt is needed to keep the wheelchair-seated passenger safely in their chair thus preventing sudden ejection from the wheelchair and subsequent injury. Pelvic positioning belts are NOT designed for use in transportation

Though transit drivers have some training in use of this equipment, it is generally the rider’s responsibility to request help with 3-point strap use and 3-point belt placement. The ADA does NOT require that these safety systems are used—only that they are “available” for use. As a result, there is great variability among transit systems.

The advantage of fixed route transportation is that the person using the wheelchair does not need to do planning for travel 24 to 48 hours in advance. This passenger using a wheelchair only needs to know the travel schedule and be waiting at a bus stop as travel times are predictable and scheduled and transfers allow use of an entire bus network. Most bus systems today offer the service of giving you specific directions, i.e., what time to catch a bus to coordinate with a transfer or to arrive on time at a destination. Additionally, the cost for such a ride is typically a half-price fare with disability ID. Most transit systems require that you register as a passenger with a disability and use a personalized photo ID or identification.

School Bus

School systems around the US vary greatly in the ways that they manage school bus transportation and more specifically in the ways that they educate their special needs bus drivers about best practices for students who use wheelchairs. When a child who uses a wheelchair enrolls in school, they become eligible for school bus transportation and are not bound by restrictions related to distance from school. Special needs for transportation can become part of the student's individualized education plan (IEP). This is especially important when respiratory, seizure disorders or communication limitations are present.

Some school districts want students to use wheelchairs that have high backs, headrests, and positioning vests even though the student does not need those features is most appropriate for an ultralight manual wheelchair which provides mobility independence. In this situation the bus attendant or driver should assist this type of student to make a safe transfer into a typical bus seat that is equipped with passenger safety belt or lap-shoulder belt. School-based therapist are often asked to help in situations involving medical necessity.

Light Rail or Subway

These types of urban mass transit also operate under the regulations of the ADA. There is great variance as these types of transportation were not common when the ADA became law in 1991. Level boarding, accessible stations, and room to maneuver on the rail or subway are typical accommodations. There is strong interest in newly developed, user-managed, automated wheelchair and scooter securement devices but these are *not* commonly installed at present time.

The best strategy for a wheelchair traveler may be to sit with the rear or back of their mobility device positioned directly in front of a solid wall or barrier. This places the wheelchair-seated passenger facing toward the rear of the car opposite to the direction of the vehicle's travel. This safety suggestion is based on the higher likelihood of a frontal impact in which a sudden stop would cause the wheelchair and its occupant to be stopped by the barrier or wall.

Airplane Travel

Accommodation of wheelchair users is also mandated by the Americans with Disabilities Act and the Air Carrier Access Act and the Air Carrier Access Amendments Act within the Department of Transportation.

Additional Resources on Wheelchair Transportation Safety

- [University of Michigan Transportation Research Institute](#) (UMTRI)
- [UMTRI Wheelchair Transportation Safety FAQs](#)
- [Wheelchair Transportation Safety Standards](#)/Rehabilitation Engineering Society of North America
- What Accessible Vehicles to Buy?
 - [The Association for Driver Rehabilitation Specialists](#)
 - [National Mobility Equipment Dealers Association](#)
- [School Bus Wheelchair Transportation Safety](#)

- Light Rail travel - [AMTRAK](#)
 - Underground train travel – look up your particular state or city for underground travel, use search term 'accessible travel'.
- [Traveling by Air for Passengers with Disabilities](#)

GENERAL RESOURCES

Clinician Task Force

The Clinician Task Force (CTF) provides the voice of the clinical community in order to make a positive difference in ensuring appropriate access to assistive technology. There is clearly a need for experienced clinicians in the field of wheeled mobility and seating to share their knowledge and experience regarding Complex Rehabilitation Technology (CRT) and the CTF is that forum.

www.cliniciantaskforce.us

Commission on Accreditation of Rehabilitation Facilities

An independent, nonprofit organization focused on advancing the quality of services you use to meet your needs for the best possible outcomes. CARF provides accreditation services worldwide at the request of health and human service providers.

Click [here](#) to see what a good rehab program is supposed to be.

www.carf.org

Model Systems Knowledge Translation Center

The MSKTC works closely with researchers in the 14 Spinal Cord Injury (SCI) Model System Centers to develop resources for people living with spinal cord injury and their supporters. These user-friendly resources are grounded in evidence and available in a variety of formats such as printable PDF documents, videos, and slideshows.

<https://msktc.org/sci>

National Coalition for Assistive and Rehab Technology

National Coalition for Assistive and Rehab Technology. NCART is a national association of suppliers and manufacturers of Complex Rehab Technology (CRT) products and services that are used by individuals with significant disabilities and medical conditions.

www.ncart.us

and

The Access2CRT website has been created to share information regarding Complex Rehab Technology (CRT) and provide resources and tools to promote and protect access for people with disabilities.

www.access2crt.org

National Registry of Rehabilitation Technology

NRRTS provides a list of qualified suppliers on this web site. You can search by name, state or company. NRRTS Registrants must renew their Registration on an annual basis with 10 hours of continuing education.

NRRTS provides a Complaint Resolution for complex rehab technology users. Complaints against a NRRTS Registrant are taken seriously. This can be an effective way to resolve issues related to the provision, service and follow up.

www.nrrts.org

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA)

Rehabilitation Engineering and Assistive Technology Society of North America, is the premier professional organization dedicated to promoting the health and well-being of people with disabilities through increasing access to technology solutions.

www.resna.org

Spinal Cord Injury Model Systems Information Network

The UAB-SCIMS Information Network

The University of Alabama at Birmingham Spinal Cord Injury Model System (UAB-SCIMS) maintains this Information Network as a resource to promote knowledge in the areas of research, health and quality of life for people with spinal cord injuries, their families, and SCI-related professionals. Here, you will find our educational materials and information on research activities of the UAB-SCIMS along with links to outside (Internet) information.

<http://www.uab.edu/medicine/sci/uab-scims-information/rehab-tip-sheets>

United Spinal Association

www.unitedspinal.org

United Spinal Association is dedicated to enhancing the quality of life of all people living with a spinal cord injury or disease (SCI/D). Please visit the link above or below for more information.

United Spinal Association's Affiliated Service Providers

List of hospital and rehab centers that provide services on rehabilitation of spinal cord injuries and related diagnoses.

<https://unitedspinal.org/hospitals/>

<https://www.spinalcord.org/disability-products-services/>

<https://unitedspinal.org/my-wheelchair-guide/>