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| **LEVEL 2 WHEELED MOBILITY & POSTURAL MANAGEMENT CASE STUDY ASSESSMENT FORM** |

*Complete form fully & refer to guidelines on Seating To Go website: www.seatingtogo.co.nz*

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| **NAME:** \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age:** \_\_\_\_\_ **Male** [ ]  **Female** [ ]  *(First name only)* |
| **ASSESSOR:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **REASON FOR RE/ASSESSMENT:** | **Other Health & Disability Providers:** |
| **CLIENT’S DESIRED OUTCOME OF INTERVENTION:** |
| **DIAGNOSIS** *(include primary & secondary, symptoms)***Improving** [ ]  **Stable** [ ]  **Deteriorating** [ ] **GMFCS Level** *(if applicable)* | **MEDICAL & SURGICAL HISTORY** *(include planned)* |
| **ROLES, RESPONSIBILITIES & RELATIONSHIPS** |
| **SOCIAL: Lives alone** [ ]  **Lives in aged residential care** [ ]  **Lives with others** [ ] Describe: **Key relationships:** *(people who are important to the person)* **Funded support at home? YES** [ ]  **/ NO**[ ]  *Type & Hours if applicable:*  |
| **Responsibilities & tasks** that are important to the person **around the home:***(Meal prep, caring for others, housework)* |
| **Responsibilities & tasks** that are important to the person **in the community:***(shopping, visiting friends & family, church, Marae, paying bills)* |
| **Work or education roles** *(include voluntary & hrs/wk):***Funded support at school? YES** [ ] **/NO** [ ]  *Type & Hours if applicable:*  | **Hobbies & interests:** |
| **WHEELED MOBILITY & POSITIONING PARAMETERS WHICH COULD IMPROVE/MAINTAIN PARTICIPATION:** |
| **MANAGING DAY TO DAY TASKS**  |
| **MOBILITY:** Assisted for all mobility [ ]  Wheelchair use: Full time [ ]  Frequent [ ]  Occasional [ ] Mobilises indoors [ ]  *How? Include floor mobility, walking aids used, & level of assistance.* Mobilises outdoors [ ]  *How? Include walking aids used & level of assistance.*   |
| **PERSONAL CARE TASKS:** *(washing, dressing etc)*Independent [ ] Assisted [ ] Dependent [ ] **EATING:** Independent [ ]  Assisted [ ] NG [ ] /PEG [ ]   | **INCONTINENCE MANAGEMENT:** N/A [ ] Catheter [ ] *Indwelling*[ ]  */ intermittent*[ ]  */ suprapubic*[ ] Uritip [ ] Bottle [ ] Colostomy [ ] Wears product [ ] Other requirements: |
| **COMMUNICATION METHOD:****Methods used** *(tick all)*[ ]  Speech [ ] Written [ ]  Sounds [ ] Eye gaze [ ] Gestures [ ]  Signs [ ] Comm. Board [ ] Electronic device | **COMMUNICATION LEVEL:**[ ] Effective [ ] Effective but slower paced[ ] Inconsistent [ ] Seldom effective [ ]  **Recommend joint technology appt** |
| **HAND FUNCTION: Dominant hand R** [ ]  **/ L** [ ] [ ]  Handles objects easily & successfully [ ]  Likely to require adapted equipment.  *(pushrims, joystick knobs, auxillary switch for mode)* |  Comment on quality of hand function/needs:  |
| **WHEELED MOBILITY & POSITIONING PARAMETERS WHICH COULD IMPROVE/MAINTAIN FUNCTION:** |
| **HOME ENVIRONMENT & COMMUNITY ACCESS** |
| **Home / housing:** Own [ ]  Private rental [ ]  Housing NZ [ ]  Residential care [ ] **Access issues/requirements at home:** N/A [ ]  Recommend referral to housing assessor [ ] **Access issues/requirements at education / workplace:** N/A [ ]  May require joint MOH/MOE funding [ ]  |
| **TRANSPORT:** **Drives** [ ] : *in std seat* [ ]   *from wheelchair* [ ]  Pending driving lessons/assessment [ ] **Uses public transport** [ ] :  *bus* [ ]  *taxi* [ ]  **Passenger** [ ] : *in std seat* [ ]  *in child’s carseat* [ ]  *in wheelchair* [ ] **Transportation of wheelchair:**  Manually lifted [ ] : *by client* [ ]  *other* [ ] Platform hoist [ ]  Lifting device [ ]  (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight limit of lift\_\_\_\_\_\_\_\_ [ ]  Own vehicle type & age:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated future transport needs: *(e.g. consider restraint system, transferring ability)* Liaise with Transport assessor[ ]  |
| **WHEELED MOBILITY & POSITIONING PARAMETERS WHICH COULD IMPROVE/MAINTAIN ACCESS:** |
| **KEEPING SELF & OTHERS SAFE** |
| **History & risk of injury** – self & carers | **Swallowing**: Normal [ ]  Impaired[ ]  |
| **Hearing**: Normal [ ]  Impaired[ ]  Uses aid[ ]  |
| **Vision:** Normal [ ]  Impaired[ ] Diagnosis:  |
| **Transfers:** Indep [ ]  Board[ ]  Hoist[ ]  Assist[ ] **Endurance:** Normal [ ]  Impaired[ ]  Deteriorating[ ]  | **Cognition, perception & behaviours** – *observations, risks, possible challenges for wheelchair use* |
| **Pressure care:** *Consider pressure mapping for chronic pressure related injuries* Risk assessment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Score:\_\_\_\_\_Areas of compromised **skin integrity**: Contributing factors / comments:Pressure care equipment in situ: | Areas of **pain:**Contributing factors / comments: |
| **Ability to redistribute pressure / change position:**Independent [ ]  Needs assistance[ ] Method/frequency: |
| **PRECAUTIONS RELATED TO POSITIONING:** (*e.g breathing, reflux, temperature control, swallowing, pain, behaviour)* **Indicate in which positions, risks are likely to be increased** *– supine, prone, side lying.*  |
| **WHEELCHAIR SKILLS:** *Do not complete this section if person is assisted for all mobility:*Propulsion technique: Describe capacity & safety to mobilise inside home: Manual wheelchair [ ]  Power wheelchair[ ] Describe capacity & safety to mobilise around community: Manual wheelchair [ ]  Power wheelchair[ ] Factors which limit ability: |
| **WHEELCHAIR & POSITIONING PARAMETERS WHICH COULD IMPROVE/MAINTAIN SAFETY:****TRAINING NEEDS TO IMPROVE SAFETY:** |
| **CURRENT WHEELED MOBILITY & POSTURAL MANAGEMENT EQUIPMENT:** *Includes sizes & date of issue* |
| **Wheelchair/s:**Time spent in wheelchair/day: **Electronics & controls:****Back support:** *Include modular components***Cushion:** *Include modular components***Accessories:** *e.g. head supports, anterior chest supports, pelvic positioning belts, tray* | **Lying equipment:****Alternative sitting equipment:****Standing equipment:****Orthotics:****Other interventions/activities undertaken to assist with physical management:** |
| **TYPICAL POSTURE IN CURRENT WHEELCHAIR & SEATING:** |
| *Draw or insert photo from* ***front*** *at seat pan level:* | *Draw or insert photo from* ***side*** *at seat pan level:* |
| **Indicate below, typical posture in current equipment:** |
| **Pelvis:** Posterior tilt [ ]  Anterior tilt[ ]  Neutral[ ]  Obliquity down L / R [ ]  Rotation to L / R [ ]  | **Spine:** Scoliosis convex L / R [ ]  Kyphosis[ ]  Lordosis[ ]  Neutral [ ]   |
| **Lower limbs:** Abduction L / R [ ]  Adduction L / R[ ]  Int rotn L / R[ ]  Ext rotn L / R[ ]  Neutral L / R [ ]  | **Shoulder girdle:** Protracted [ ]  Retracted[ ]  Rotated to L / R [ ]  Neutral[ ]   |
| **Feet:** Dorsiflexed L / R [ ]  Plantarflexed L / R[ ]  Inverted L / R[ ]  Everted L / R[ ]  Neutral L / R[ ]  | **Head & neck:** Fwd flexion [ ]  Lateral flexion L / R[ ]  Hyperextended[ ]  Neutral[ ]   |
| **Arms & hands:** Normal position & movement[ ]  Other: |

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| **NEUROLOGICAL PRESENTATION** |
| **TONE:** (predominant pattern): NORMAL [ ] SPASTICITY [ ] DYSKINESIA[ ] HYPOTONIA[ ]  ATAXIA[ ]  |
| **DISTRIBUTION & OBLIGATORY MOVEMENT PATTERNS OBSERVED:**  |
|  Enter: ↑ = hypertonicRight Left ↓ = hypotonic ↔ = fluctuating N = normal*NB: The purpose of this assessment form is limited to information to assist with providing supported lying/sitting positions. Refer also to the Australian Spasticity Assessment Scale for more detailed assessment of spasticity in cerebral palsy.* | **Supine:** Obligatory movement patterns observed:*(include laterality)*What triggers these patterns? What positions in lying inhibit these patterns? |
| **Sitting:** Obligatory movement patterns observed:*(include laterality)*What triggers these patterns? What positions in sitting inhibit these patterns? |
| **LYING ABILITY & RECOMMENDATIONS: Complete ROM in supine lying before completing this section.** |
| Describe usual position of sleep:Are there issues with comfort or sleep disturbance?Does the person present with persistent asymmetry and immobility in lying? Describe:If yes to above, describe or photograph (birds eye & side views) recommended supported lying position: | **From assessment, supported lying positions are recommended for:**[ ] Day time positioning [ ] Night time positioning**The purpose of providing supported lying positions are:**[ ] Postural management[ ] Pressure management[ ] Improve sleep[ ] Decrease manual handling[ ] Maintain ability to manage personal cares |
| **SUPINE EVALUATION:** *Prior to assessment, align shoulder & pelvic girdle as able, support into some hip & neck flexion for people with increased tone or who are hard to mobilise. Passive range of movement (PROM) is assessed.* |
| NAD = Nothing abnormal detected - has full PROM.  | Describe requirements for 🡳 ROM & points of control needed for optimal positioning below:  |
| **PELVIS & SPINE** – *assess further in sitting* |
| **TILT**NAD [ ]  | [ ]  POST [ ]  ANT[ ]  NEUTRAL  |  | [ ]  FLEX [ ]  FIXED |  |  |
| **OBLIQUITY**NAD[ ] *(Down on…..)* | [ ]  RIGHT[ ]  LEFT[ ]  NEUTRAL |  | [ ]  FLEX[ ]  FIXED |  |
| **ROTATION** NAD[ ] *(Towards the….)* | [ ]  RIGHT [ ]  LEFT[ ]  NEUTRAL |  | [ ]  FLEX[ ]  FIXED |  |
| **SCOLIOSIS** NAD [ ] *(Convex to…..)* | [ ]  RIGHT [ ]  LEFT [ ]  NEUTRAL **Rib cage distortion** | [ ]  FLEX[ ]  FIXED**YES** [ ]  **NO** [ ]  |  |
| **HIPS Extension** → **Flexion** Record PROM with pelvis in neutral tilt if achievable | *The PROM recorded shows what is available for a seated position with pelvis in a neutral tilt (as able).* |
| Normal ROM | 15° | * 0°
 | 120° |
| **RIGHT**  |  | - ° | - ° |
| **LEFT**  |  | - °  | - ° |
| **HIPS Abduction** →  **Adduction** Measure with hips flexed for sitting  |  |
| Normal ROM | 40° | * 0°
 | * 30°
 |
| **RIGHT** @ \_\_\_$°$*Hip flexion* |  ° | - °  | - ° |
| **LEFT** @ \_\_\_$°$*Hip flexion* |  ° | - ° | - ° |
| **HIPS** | **Int Rot** → **Ext Rot**Measure with hips flexed for sitting |  |
| Normal ROM | 40° | * 0°
 | * 45°
 |
| **RIGHT**@ \_\_\_$°$*Hip flexion* |  ° | - °  | - ° |
| **LEFT**@ \_\_\_$°$*Hip flexion* |  ° | - °  | - ° |
| **KNEES Extension** → **Flexion** Measure with hips flexed for sitting | 0° |
| Normal ROM | 0° | * 0°
 | * 135°
 | 90° |
| **RIGHT** @\_\_\_$°$*Hip flexion* |  | - °  | - ° |  1135° |
| **LEFT** @ \_\_\_$°$*Hip flexion* |  | - °  | - ° |  |

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| **SITTING EVALUATION (*ON FIRM SURFACE)*** |
| NB: DECREASED HIP FLEXION (<90°) MUST BE ACCOMMODATED BEFORE CONTINUING. Refer to ROM assessed in supine & aim for best achievable position that meets physical & functional needs, and individual preference. |
| NAD = Nothing abnormal detected - has full PROM.  | **FLEX** | **FIXED** | *Describe the seating features & points of control needed, to reduce / prevent further asymmetry and/or increase function.*  |
| **PELVIS**NAD[ ]  | ANT/POST TILT |  |  |  |
| OBLIQUITY R/L  |  |  |
| ROTATION R/L |  |  |
| **RIGHT HIP / LEG**  | Given the range assessed in lying, comment on ***how*** the person will be positioned in sitting.Hip Flexion: \_\_\_\_\_ Knee Flexion: \_\_\_\_\_ Abd / Add:\_\_\_\_\_\_ Int / Ext Rotn:\_\_\_\_\_\_  | *Describe/draw rationale for hip & knee positioning & key points of control:*  |
| **LEFT HIP / LEG** | Given the range assessed in lying, comment on ***how*** the person will be positioned in sitting.Hip Flexion: \_\_\_\_\_ Knee Flexion: \_\_\_\_\_ Abd / Add:\_\_\_\_\_\_ Int /Ext Rotn:\_\_\_\_\_\_  |
| **SPINE:** Score spinal alignment: 0=normal posture, 1= flexible & fully reducible, 2 =limitation is structural but minimal, 3= limitation is structural & moderate, 4= limitation is structural & severe | SCOLIOSIS L / R *(Convex to)**Score:*  | *Draw* ***rear*** *or* ***side*** *view stick figure/s that show structural curves with shaded areas showing where structural bulk is situated in trunk. Include key points of control to manage any asymmetry…* ***Laterals:****Height to top of upper lateral L / R:* *Height to bottom of lower lateral L / R:*  |
| KYPHOSIS*Score:* |
| LORDOSIS*Score:* |
| **SHOULDER****GIRDLE**NAD[ ]  | PROTRACTED | FLEX [ ]  FIXED[ ]  |  |
| RETRACTED | FLEX [ ]  FIXED[ ]  |
| NEUTRAL | FLEX [ ]  FIXED[ ]  |
| ROTATED TO R / L  | FLEX [ ]  FIXED[ ]  |
| **HEAD & NECK**NAD[ ]  | EXTN / FLEXN | FLEX [ ]  FIXED[ ]  |
| LAT FLEX TO R / L  | FLEX [ ]  FIXED[ ]  |
| ROTN TO R / L  | FLEX [ ]  FIXED[ ]  |
| **REQUIREMENTS FOR ARMS & HANDS:**  NAD[ ]  | **REQUIREMENTS FOR LEGS & FEET:**  NAD[ ]  |
| **SITTING ABILITY** |
| Draw or photograph typical **unsupported** sitting posture on a plinth or box: | Draw or photograph recommended **supported** sitting posture on a plinth or box: |
| **CHAILEY LEVEL OF SITTING ABILITY:**[ ] 1 -Unplaceable[ ]  2 - Placeable with full support[ ]  3 - Able to maintain sitting position without movement | [ ] 4 - Able to maintain sitting position & move within base[ ]  5 - Able to maintain sitting position & move outside base[ ]  6 - Able to move out of sitting position but not regain position[ ]  7 - Able to move out of sitting position & regain position |

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| **MEASUREMENTS:** |

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| **Date:** |  |  |
| **A** |  |  |
| **B (R)** |  |  |
| **B (L)** |  |  |
| **C (R)** |  |  |
| **C (L)** |  |  |
| **D 1** |  |  |
| **D 2** |  |  |
| **E (R)** |  |  |
| **E (L)** |  |  |
| **F** |  |  |
| **G** |  |  |
| **H** |  |  |
| **I (R)** |  |  |
| **I (L)** |  |  |
| **J** |  |  |
| **K** |  |  |
| **L** |  |  |
| **M** |  |  |
| **N** |  |  |



Height of person:

Weight of person:

Current seated height:

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| **ADDITIONAL MEASUREMENTS FOR SIGNIFICANT NON-REDUCIBLE ASYMMETRY:** |
|  Overall width of severe scoliosis  **Front / Rear** Overall width of fixed wind-sweeping **To left / to right**Custom lumbosacral block  Thigh to trunk angle:L =R =Thigh to lower leg angle:L =R =**Recommended seated angles** |

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| **IDENTIFIED PROBLEMS** | **IDENTIFIED NEEDS** |
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| **GOALS (decided jointly with client & carers)****(Option is to use the Wheelchair Outcome Measure)** |
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