



**Section 5: Analysis and Recommendations continued – page 2/6**



Include picture of client in current wheelchair, if camera available. Include in chart.

**B. Targeted Outcomes**


**C. Plan for Equipment Trial**

Use this checklist to begin analysis for equipment selection. Select the components based on the Client's functional and physical status as well as targeted outcomes.

<b>1. Wheelchair Frame</b>	<b>Rationale:</b>
New chair	
Modify fit of current chair, i.e. wider crossbraces, grow seat depth, change wheel sizes, etc.	
Rigid or folding	
Standard/ Tilt/ Recline	
Frame width and depth (growth potential)	
Seat to floor height	
Propulsion (wheel position adjustment/ camber/ one arm drive)	
Back posts (height/ angled or straight/ adjustable position/ adjustable angle/ stroller extension)	
Seat Angle	
Armrest type (desk or full length pads / sport style / flip-up / height or angle adjustable / cushion pad)	
Footrest hanger (fixed / swing-away / angle / elevating / hanger mount)	
Footplate type (angle adjustable / size / material)	
Rear wheel (size / type of tire / pushrim / quick release axle)	
Caster (size / type of tire / fixed or angle adjustable / quick release)	
Other	

**Section 5: Analysis and Recommendations continued – page 3/6**

<b>C. Plan for Equipment Trial (continued)</b>	
<b>2. Power</b>	<b>Rationale:</b>
Power base (base separate from seating unit) or Power W/C (seat & base integrated)	
Drive wheel (rear / mid / front)	
Batteries & motor options	
Control/joystick site	
Alternate access	
Type/shape of joystick	
Electronic options	
Other	
<b>3. Transportation</b>	<b>Rationale:</b>
Rigid or folding	
Lift type and compatibility with wheelchair size	
Height of wheelchair for van transportation	
Tie-down	
Other	
<b>4. Seat</b>	<b>Rationale (accommodate, prevent or correct):</b>
Custom or commercial	
Functional seat depth	
Cushion size (width, depth, height, asymmetry)	
Cushion type (foam, gel, air, etc)	
Planar, contoured or custom molded	
Seat base (type/angle/drop)	
Ischial ledge	
Built-in abduction contouring	
Pressure relief	
Cover	
Finished seat to floor height	
Mounting hardware issues: i.e. interface between manual and power w/c	
Other	

**Section 5: Analysis and Recommendations continued – page 4/6**

<b>C. Plan for Equipment Trial (continued)</b>	
<b>5. Back</b>	Rationale (accommodate, prevent or correct):
Custom or commercial	
Planar, contoured or custom molded	
Height (consider need for shoulder straps)	
Sling or rigid	
Lumbar support / sacral block	
Kyphotic relief	
Lateral trunk support (depth of built-in contour / swing-away or rigid laterals) – how will laterals interface with back	
Mounting hardware issues	
Headrest mounting capabilities	
Other	
<b>6. Pelvic Support</b>	Rationale (accommodate, prevent or correct):
Pelvic/thigh laterals	
Seatbelt (seatbelt type, pelvic bar)	
Other	
<b>7. Headrest</b>	Rationale:
Pad type	
Type of mounting hardware (detachable / swing-away)	
Ease of adjustability	
Cover options	
Other	
<b>8. Additional Positioning</b>	Rationale (accommodate, prevent or correct):
Distal thigh pads	
Abduction pommel and type of hardware	
Anterior trunk/shoulder support (style of shoulder straps / chest panels /shoulder retractors etc.)	
Lower leg and foot stabilizers (shoe holders / foot straps / heel loops / calf strap / shin strap)	
Tray (mounting, pads, elbow blocks)	
Other	



**Section 5: Analysis and Recommendations continued – page 6/6**

E. Final Equipment Recommendation	
Please see equipment prescription/ quote dated: _____ Supplier: _____	
See attached order forms <input type="checkbox"/>	
Client aware and in agreement: <input type="checkbox"/>	
Frame:	
Power base:	
Transportation:	
Seat:	
Back:	
Pelvic support:	
Headrest:	
Additional positioning:	
Wheelchair Accessories:	
Scooter:	

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

