

## Top Ten Mistakes Clinicians make during a Wheelchair Seating Evaluation

1. Skipping the Mat Assessment
  - The Mat Assessment takes time, but it is critical in determining actual available range of motion for seating.
    - Critical seating angles such as trunk to thigh and knee angles
    - Where and how much support are required to maintain the identified seated position and optimize stability and function without undue pressure
2. Not involving the CRT (Complex Rehab Technology) Supplier/ATP
  - Takes time to coordinate schedules, but a team approach is very important.
  - The supplier knows funding and product options.
  - Working together determines the optimal solutions for a client.
  - Invite all appropriate team members, such as treating therapists to attend or, at least, provide some input to the evaluation.
3. Not being client/family centered
  - The client and caregivers have to take the equipment home.
  - Listen, carefully, and hear their concerns and needs
  - Spend time talking with the caregivers, answering their questions, educating them, and addressing their concerns.
  - Without this crucial step, the client and caregivers may not be willing to move forward with equipment or may not use it (or use it correctly) after delivery.
  - The goal is a successful outcome, not just getting the evaluation done.
4. Not considering Postural Care
  - We can make the best wheelchair seating recommendations and yet the client may continue to lose range of motion and experience orthopedic changes.
  - Need to evaluate positioning throughout their 24 hours and that includes nighttime positioning.
  - All our hard work can unravel if the client is spending 8-10 hours a night in a destructive position.



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5. Jumping to product before defining parameters
  - When we are rushed and pressured to see a large volume of clients, it is easy to just start rummaging through the closet and pulling out equipment.
  - We can actually save time on the front and back end by completing the evaluation to determine specific client needs so that we can narrow the field of product options.
  - Most complex seating evaluations take about 2-3 hours.
6. Not being specific in product recommendations ... i.e. rather than “headrest”, specify the most appropriate one
  - The CRT supplier often is very familiar with equipment options, but the clinician needs to be familiar with the products as well.
  - Many clinicians do not recommend products in detail. For example, the clinician may recommend a ‘headrest’, but not specify which one.
  - It is critical during the evaluation to discuss the features required on a specific product and choose the optimal one for an individual client.
7. Assuming a needed intervention is a Restraint, particularly in long term care
  - Many people out there need seating interventions that are misconstrued as a restraint.
  - RESNA Position Paper on the subject to clarify just what is allowed. It is on the [RESNA](#) website, as well as on my own website, [www.atilange.com](http://www.atilange.com), under Resources.
  - There is really no situation under which appropriate seating interventions cannot be used, we just need to be aware of the regulations.
8. Not ‘painting a picture’ in documentation
  - “Paint a picture’ of a client in your documentation.
  - Need to document who the client is, why they need the recommended equipment, why something less costly won’t meet that need, and what difference I anticipate the equipment will make for the client.
  - Some of the larger suppliers have a generic form that the therapist completes. It is mostly a checklist and guides the clinician through the decision-making process. (I find that a narrative is still required to fully ‘paint that picture’ in addition to this form. I also find I need to list my specific product recommendations separately to allow room for details and justifications.)



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9. Not being at the fitting - which is an extension of the evaluation
  - The recommended equipment is finally approved and ordered.
  - The fitting is an extension of the evaluation and no matter how thorough we are, something may not quite work out the way we hoped. Evaluate whether what arrived is doing what we hoped it would. If not, adjustments are made on the spot.
  - The ordered equipment may be incorrect or incomplete. Go through the recommended equipment list at the beginning of the fitting to make sure it is all correct and complete – if not, I become the client's advocate and work with the CRT supplier to make the order right.
  - If the client/caregiver signs for the equipment and takes it home, there is less leverage to insist the supplier correct any errors.
  - I often charge an evaluation code, typically the AT Assessment code, 97755.
10. Not doing Follow-Up to ensure the evaluation resulted in desired outcomes
  - Have a follow-up system to check-in with clients at regular intervals to ensure the seating interventions are still meeting their needs.
  - If not, see them again for follow-up.
  - Client's needs change as they grow, progress, regress, have medical interventions, etc.
  - This equipment isn't meant to last forever. Just like the cushions on your couch, the materials wear and no longer perform optimally.
  - I have a chart of all the clients I work with, including pending items and next steps. I then make a note as to the next date I need to follow-up with them. I also instruct families under which circumstances they should contact me.



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