

Top Ten Mistakes Clinicians make during a Wheelchair Mobility Evaluation

1. Not ensuring the client is well-positioned
 - In order to determine the optimal mobility base for a client, we need to first determine optimal positioning.
 - The mobility base must support the recommended seating system, including required seating angles.
 - If the client is well-positioned, we can accurately determine their ability to self-propel or use a power wheelchair driving method.
2. Not first determining the most appropriate mobility category
 - Mobility base categories include dependent mobility bases (like adaptive strollers and manual tilt in space wheelchairs), manual wheelchairs designed for self-propulsion, and power wheelchairs.
 - The first step in a mobility evaluation is to determine what mobility category we are looking at.
 - Our documentation needs to include why a less costly mobility category is not appropriate.
 - Once a category is selected, we can start looking at options within that group of products.
3. Not considering power mobility when a client requires a dependent mobility base
 - Many clients are unable to propel any type of manual wheelchair. However, a client who requires a dependent mobility base, such as a tilt in space manual wheelchair, may also be able to use a power wheelchair.
 - Two bases may be appropriate, and this is dependent on the funding source. Often a client who requires a power wheelchair also has a manual wheelchair as a back-up.
4. Not evaluating for self-propulsion in the correct manual wheelchair
 - If you are evaluating the client to determine if they are able to self-propel a manual wheelchair, make sure it is light weight (including the seating system) and configured properly.
 - The client must have optimal positioning to show you what they can do.
 - Proper configuration optimizes self-propulsion and reduces risk of RSI.
 - CRT suppliers and manufacturer reps can get ahold of a chair that is the correct size and then we can make adjustments from there. It may not be perfect, but we need something close enough to make the appropriate determination.



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For power wheelchair evaluations, keep in mind the following:

5. The client must be well-positioned

- Many clients are transferred from their manual wheelchair seating system into a power wheelchair that is too big for them, has generic seating, and provides little postural support and stability.
- The client may appear unsuccessful in driving, as a result.
- If the client already has a seating system, try and place this in the power wheelchair. If this doesn't work, we have several options.
 - I often start assessing a client's potential to use a power wheelchair using their manual wheelchair. I can mount a switch where I think the client has control and then I push the wheelchair in a specific direction when the client activates the switch. This helps me to start narrowing down the optimal driving method before even trying the client in a power wheelchair.
 - A newer option is Virtual Reality where the client can experience driving while in their manual seating system.
 - Eventually, we need the client to try an actual power wheelchair and so I work with the CRT supplier and manufacturer representative to support the client as optimally as possible in a demo/eval chair.
- The process often requires several visits. I try and obtain the needed demo/eval power wheelchair by the second or third visit.

6. Determine the best driving method

- A client may be able to successfully drive a power wheelchair but won't appear to be able to do so if they are using the wrong driving method.
- There are a wide array of power wheelchair driving methods available and it is critical to carefully evaluate this to match an individual with their optimal product option.
- There are more courses on power wheelchair driving methods in the continued library for more information. These webinars also include a decision-making hierarchy that may be helpful.



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7. Break down the task

- Break down a task. Here's an example: a child is sitting in an evaluation power wheelchair with a joystick, trying to drive between some cones on the floor, and is not successful. We do not know if the child is unsuccessful due to poor positioning, need for another driving method, vision, or the ability to understand the task.
- We need to break down the task into steps so that we are confident about what specific step the client may be struggling with.
- It is important to explain that our ultimate goal is successful mobility and that careful assessment on the front end will improve those outcomes.

8. Allow for processing time

- Most clients are able to drive a power wheelchair readily. Others, however, need more support to be successful.
- Give very simple instructions (i.e. press the switch) and then wait.
- People don't like that silence so I ask others in the room to please wait and be quiet.
- The client will do best in an initial environment that is overall quiet and not visually distracting.

9. If the client isn't ready yet, provide pre-mobility training

- If the client does not appear ready for power wheelchair driving, this does not mean "no", this may mean "provide training and try again later."
- In addition to positioning and the driving method, I am looking for specific mobility concepts – Cause and Effect, Stop and Go, Directional concepts, and Problem Solving.
- If the client is struggling with one of these concepts, design a pre-mobility training program to develop those skills and then re-assess the client at a later date.
- There is actually quite a bit of training that can be done without a power wheelchair, which is great as one is often not available – particularly with the required seating and driving method.



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10. After power wheelchair delivery, provide mobility training to optimize driving

- Our clients often have limited motor, vision, and cognition; do not know how the power wheelchair actually works; and have never seen someone use a power wheelchair before.
- The client needs mobility training to firm up their skills and optimize driving. This will ultimately improve outcomes.
- I typically 'train the trainer' and then check-in periodically to make sure the client is continuing to progress.
- Driver's training tends to work best when done frequently (about 5 times a week) for shorter sessions (30-60 minutes).
- This can absolutely be billed for, using Wheelchair Management 97542.



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