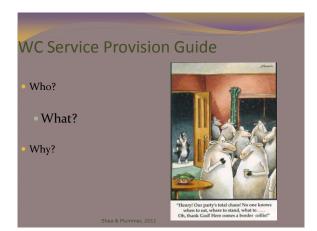
Wheelchair Service **Provision Guide** Mary Shea, MA, OTR/L, ATP Teresa Plummer, PhD, OTR/L, ATP

Objectives

- Participants will be able to:
 Identify the steps of the wheelchair assessment and procurement process
- Understand the multi-factorial elements of a wheelchair assessment
- Identify the elements of a wheelchair assessment



Rationale for Development of a WC Service Provision Guide

- To increase client safety & minimize risk of injury
 - 100,000 wheelchair related injuries each year that results in
 - Decreased knowledge of maintenance
 - Impaired access for follow-up and repairs
 - Online, companies from outside area

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Reasons for Development of a WC Service Provision Guide

- Decrease recommendation of inappropriate equipment to minimize client's risk for secondary complications such as
 - Increased Deformity
- Pressure ulcer development



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Reasons for Development of a WC Service Provision Guide

- Inability to reach functional potential
- Lack of allowance for progressive diagnosis or changing needs (TBI, MS, child transitioning into school system)





Rationale for Development of a WC Service Provision Guide Establish a framework for the process Reduce/Prevent product abandonment and wasteful spending Establish the value of professional practice and skilled professional services to achieve the "best outcomes" Promote a "best practice" approach for the provision of seating and wheeled mobility products and services

What is The WC Service Provision Guide?

- A framework for identifying the essential steps necessary for the provision of a wheelchair or scooter
- A uniform, best-practice tool developed for use by all stakeholders involved in the provision of a wheelchair
- A document designed to ensure all stakeholders understand what "good" wheelchair service delivery encompasses, regardless of the setting or funding

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Who will benefit from the WC Service Provision Guide?

- Consumers
- Family members/Caregivers
- Social service personnel
- Health care professionals
- Engineers
- Durable medical equipment suppliers
- Funding sources
- Policy makers



Methodology: Data Collection from 2008-2010 Conference calls to obtain consensus on content Review of draft with submission of edits by individual committee members Edits consolidated into one draft and "draft" reviewed during conference call



Foundation

- International Classification of Functioning, Disability, and Health (ICF)
 - Terminology was utilized throughout this guide due to it's increasing recognition, acceptance and use among health care professions
- Evidence Based Practice (EBP)

Foundation - ICF

International Classification of Functioning

- Provides a framework for the development of measures for body structures, activity, participation, activity, environment and personal factors
- During the 2001 revision of the ICIDH to the ICF, disability rights advocates proposed a social model of disability that identified the environment and its inherent barriers as the cause of the "disability".
 - Disability as the intersection between biological body and social and institutional structures (Hurst, 2003; Imrie, 2004; Ueda & Okawa, 2003)

Disability

Biological body Vocial structures

Literature Review

- Publications from 2000 forward
- Publications from original sources
- Wheelchair Assessment, Procurement, and Delivery (keywords)
- Critical review of well-recognized journals
 - Peer reviewed journals for a higher level of evidence
 - Wide variety of readers

Literature Review

Experts in the AT community have long recognized the need to develop a standard of practice (Cohen, 2007; Geyer, et al., 2003; Finalyson & Hammell, 2003; Mills, Holm, & Schmeler, 2007; Scherer & Glueckauf, 2005; Sprigle, Cohen, & Davis, 2007).

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Literature Review

- The wheelchair assessment and procurement process is multi-faceted and complex
- Wheelchair technology
- Evidence-based practice
- Diagnosis and disability specific issues
- User's personal preference (Mortenson & Miller, 2008)
- Funding (Carey, DelSordo, Goldman, 2004)

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Literature Review

- AT devices facilitate quality of life and psychosocial and functional health (Devitt, Chau, & Jutai, 2003).
- Inappropriate devices, a lack of access to trained personnel, a poor assessment, current reimbursement policies and an untutored assistive technology preference can negatively affect one's health (Day & Jutai, 1996; Day, Jutai & Campbell, 2002; Scherer & Gluechauf, 2005).

Literature Review

Evaluation strategies should reflect the individual's priorities and preferences, physical and functional needs, knowledge of product features that will meet those needs, physical and social environments, and related issues (Johann, & Shea, 2004; Scherer & Cushman, 2001).

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Wheelchair Service Provision

Process

- Referral
- Assessment
- Equipment Recommendation and Selection
- Funding and Procurement of Equipment
- Product Preparation
- Fitting, Training, and Delivery
- Follow-up Maintenance and Repair
- Outcome Measurement

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1. Referral

- Identification of Need
 - Established screening process
 - Basic demographic information and initial determination of the complexity of client needs
- "Referral" to a Qualified Professional
- long-term (more than 6 months) or permanent basis should be referred to a therapist and supplier who collaborate
- skilled qualified professionals with specific training and experience in seating and mobility.

2. Assessment

- Current Technology
 - All of the mobility devices currently and previously used (Current equipment: manufacturer, age, condition safety and reliability of device)
 - Other assistive technology devices used by client
- Environment
 - Physical Environments of Use
 - Family, Social Support and Caregivers
 - Attitudes Towards Disability and Technology

2. Assessment

Environment

- Physical Environments of Use
 - Entrance /exit various settings
 - Maneuverability within each setting and in various environments (i.e. home, college campus, community)
 - Ability to perform ADLs (toileting in public restrooms)
 - Transfers
 - Transportation: private and public

2. Assessment

Activities and Participation

- Activities of Daily Living
 Grooming, hygiene, toileting, sexual activity
- Instrumental Activities of Daily Living
 - Safety procedures, telephone use, parenting, use of community mobility
- **Functional Mobility**
 - Potential for ambulation, wheelchair propulsion
- Ability to perform Life Roles
 Coaching daughter's soccer team

2. Assessment **Body Functions and Structures** Neuromuscular and Orthopedic system Strength, motor control and coordination, tone, sitting balance, range of motion, flexibility, current mobility skills, mat assessment/evaluation Skin Integrity Skin Integrity Visual Processing & Cognitive Awareness Cardiovascular System Respiratory System Digestive & Urinary Systems Speech and Language Medical Status Medical Status Diagnosis, past medical and surgical history, future surgeries/medical intervention, medications, allergies, previous rehabilitative measures 3. Equipment Recommendation & Selection **Equipment Trial/Simulation** If equipment is readily available ->client should trial the specific product(s) Client's should be educated on the range of options This process should be an educational experience for client and caregiver to allow them to make informed decision 3. Equipment Recommendation & Selection Training with Equipment Depending upon complexity of needs Especially important for client not familiar with technology such as a new power wheelchair

3. Equipment Recommendation & Selection

- Client Funding Education & Exploration
- Client-specific resources, coverage criteria, benefit requirements and limitations
- Additional funding resources
- Client priorities
- Components or features that can be added later



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3. Equipment Recommendation

& Selection

- Documentation
 - Client specific
 - Objective measures that identify and quantify client's specific problems and goals
 - Problems with current equipment or lack of it
 - Goals of new wheelchair & seating system
 - Products tried and unsuccessful
 - Clarify why less expensive/standard options do not meet the client's needs
 - Rationale for various components

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4. Funding & Procurement of Equipment



- Pre-Determination
 - Submit for prescreen, pre-certification, predetermination and/or prior authorization
 - Coverage determination
- Ordering and Receiving Equipment
 - Check manufacturer quotes
 - QA equipment

5. Product Preparation Assemble and Set up Equipment to preliminary specifications Measurement check Seating system components Function and operation of all mechanical and electronic components Pre-program electronics

Preliminary Fitting

Custom molded seating system

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6. Fitting,	Training,	& De	livery
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Fitting

- Adjustment of the mechanical components of the wheelchair and seating system to optimize the client's function, comfort and safety
- Extent of adjustment/fitting depends upon complexity of client's needs
- Evaluation team

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6. Fitting, Training, & Delivery

Training

- Training involves client education regarding safe use of the equipment in accordance with seating and mobility goals
- This includes positioning techniques, wheelchair and seating system parts management, care, and maintenance

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6. Fitting, Training, & Delivery

Delivery

Delivery includes the final check of the equipment, provision of necessary documentation (e.g. warranty, owner's manuals, contact information if there is a problem), and the official transfer of the wheelchair into the client's responsibility.

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7.Follow-Up, Maintenance & Repair

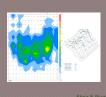
- Follow-Up
 - Ongoing process to monitor and re-assess to insure equipment is meeting client's needs and ability to function
 - Adjustments and further training may be required
 High level wheelchair mobility skills
 - Schedule should be determined at delivery
- Maintenance & Repair
 - Necessary to keep equipment in safe, optimal working condition
 - Regular intervals

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8. Outcome Measurement

Efficacy of the Wheelchair Service Provision Process

Efficacy of Wheelchair Service Provision Product





12

Case Studies Illustrate application of above 8 components of Wheelchair Service Provision with different populations in different service delivery settings Adult male with spinal cord injury wheelchair clinic in a rehabilitation hospital Young adult with cerebral palsy – rehabilitation department in a hospital Geriatric client with cerebral vascular accident - home care setting **Future Direction** Submitted for publication in Assistive Technology Journal Clinical Practice Guidelines Acknowledgement RESNA SIG 09 group Initial Workgroup Second Group of Reviewers RESNA Board of Directors, 2009-10, 2010-11 The whole is truly the sum of the parts.

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Questions/Discussion

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