



- Consistent training
- Way to evaluate
 - Clinician
 - Organization
- Ensure all areas covered





What is a competency?	
SUCCESS	
ର ଜନ୍ମ ଜନ୍ମ ବର୍ଷ	
	_
"The integrated knowledge, skills, judgement and attributes that people need to perform a	
job effectively"	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
3 3 7 17 3	
Man M	1
la a la althorous continue revenue de action continue	
In a healthcare setting, competencies outline the scope of the job and expectations of how the job is to be performed	
the job is to be performed	

the state of the s	
Commeteness Skill	
Competency vs. Skill	
ેડ્ર _ે ડ્રેડ્ડ	
72 CAT \$	
th orth	
A STATE OF THE PARTY OF THE PAR	
Skill – Doing a postural assessment	
Knowledge – The information on diagnoses,	
tone etc	
Competency – Ability to integrate knowledge,	
skill and clinical reasoning to prescribe a seating	
system.	
System	William Control of the Control of th
\$\$\frac{1}{2}\frac{1}{	- Additional Control of the Control
401012	
to the second se	
What is a Competency-based	
Framework?	
WINDWIND AND AND AND AND AND AND AND AND AND A	
	- Andrew Control of the Control of t
マンド かんかん はいまま はいまま はいまま はいまま はいまま はいまま はいまま はいま	
Accidental and a second and a	
2000	

2-46-0-46-0-4-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
Take the competencies for the job and put them into a formal structure that outlines job	
requirements specific to the organization	
%	
497.01	
dry st	1
Which Framework to use?	
What is out there?	
what is out there:	, especial a la constantina de la constantina della constantina d
RESNA Seating to Go / New Zealand Ministry of	
Health • CanMEDS	
• CAPE	
\$\f\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
77.75°	



RESNA

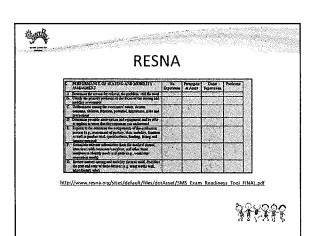
Seating & Mobility Specialist (SMS) Certification Exam Readiness Tool

Purpose: Assess readiness for RESNA exam Description: Self-assessment of skills and knowledge

Scope: Solely for seating and mobility Layout: Competency headings

Assessment, Funding, Implementation of Intervention, Outcome assessment and follow-up, Professional Behaviour







Seating to Go

New Zealand Government, Ministry of Health

Purpose: Providing training and credentialing of therapists

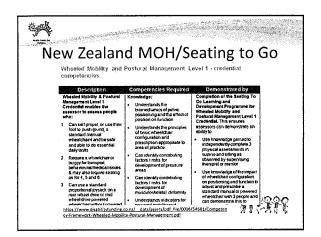
Description: Two level credentialing system Scope: Seating, Mobility, Postural Management Solutions

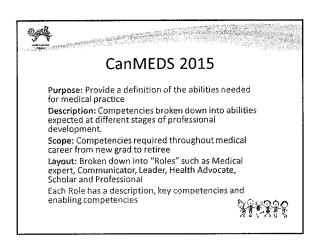
Layout: 3 columns

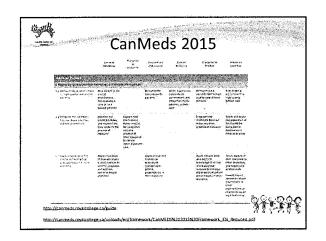
- Description of function and posture of client
- Description of function and puscine control Knowledge and skills required to address client
- How therapist demonstrates knowledge



,			
,	 		
*	 	· · · · · · · · · · · · · · · · · · ·	
•	 		
	 44		









CAPE Tool

Purpose: Provide a framework for training seating and mobility therapists and technicians Description: Self-assessment of skills and knowledge. Provides key resources and recommended learning activities

Scope: Seating, mobility and alternate positioning

Layout: Multi columns listing criteria,

Layout: Multi columns listing criteria, rating scale, key resources, recommended learning, completion check box





Why the CAPE Tool?





- Align ourselves with organization
- Consistent training
- · Way to evaluate
 - Clinician
 - Organization
- · Ensure all areas covered



	1
CAPE Tool	
C - Competence	
A - Assessment P - Planning	
E - Evaluation	

	-
the state of the s	
1. Knowledge - The clinician demonstrates working knowledge of the	4-14-14-14-14-14-14-14-14-14-14-14-14-14
population of children who would benefit from postural control and mobility assessment and management	
Here Darkonnes Here Dark	
Level Cituria Laminis i Sect Laminis i Sect Recorded Prisco Prisc	
Lord Criteria Criteria	
C-Competence	
- Professional standard to be met	
— Criteria for evaluating competence	
Office	
FISP Criteria Learning & Read Competent Others Applies to an crement Learning Activities This? Goals	
a Wisser Lin of Need to Specifical Association (Association Constitution of the Consti	
Feet 2 Strending Land Land Company Country Cou	
A- Assessment	
Rating scale	
38 39 g	

Level Criteria Recomenda Recordings Reco	
New Resources *Applies to all chiefs *Year also experimentar *Year also experimentar **Recommended Learning Activities **Recommended Learning Activities **Recommended Learning Activities **Recommended Learning Activities	
P-Planning Resources and recommended learning	
33(78) \$	
FSP Criteria Lesening a Profit Profit Computer C	
New Dar Dar	
E-Evaluation - Documentation of progress	
	• • • • • • • • • • • • • • • • • • • •
the state of the s	
Nowledge - The clinician demonstrates working knowledge of the population of children	
who would benefit from postural control and mobility assessment and management Lives Celevia	
Conscribe typical development)	
Classifies typical development PRE of process of control and PRE o	
Telephone of trigonisms Convenience of private in the Convenience of Convenience	
Teacher of in Average Management of a power of a second of a s	
management of shormal Condotts or oriented a Condotts oriented a C	



Layout of the therapist CAPE tool

Six main competencies

- 1. Knowledge of Population
- 2. Assessment
- 3. Prescription
- 4. Delivery and Education
- 5. Sharing Knowledge
- 6. Evidence Informed Practice





1. Knowledge of Population

- Basic development, postural control, biomechanics, effects of sensory and neuromuscular systems
- Diagnoses
- Determining need for seating and mobility
- Understanding of basic principles of seating and mobility





2. Assessment

- Pre-assessment: chart, x-rays, family interview
- Assessment:
 - assessing posture for sitting as well as alternate positioning
 - assessing mobility manual, power and afternate.
 - * Assess accessibility and transportation





3. Prescription

- Positioning
 - Commercial
 - Custom
- Mobility
 - Manual
 - PowerAlternate
- Funding





4. Delivery and Education

- Delivery
 - Commercial
 - Custom
- Education
 - · Safe and effective use
 - · Benefits of equipment
 - Frequency and duration of use





5. Sharing Knowledge

- Mentoring
- Student training
- Education role within province
- Telehealth
- Presenting workshops and courses (in house and at conferences)





6. Evidence-Informed Practice

- Strategies to stay current
- Putting evidence into practice
- · Critically reviewing research
- · Participating in research





Layout of Seating Technician **CAPE Tool**

Five main competencies

- 1. Knowledge of population and technologies
- 2. Assessment and Measurement
- 3. Fabrication and Equipment Provision
- 4. Sharing Knowledge
- 5. Evidence-Informed Practice





1. Knowledge of Population and **Technologies**

- Population
- Materials and Fabrication Processes
 - Diagnosis, biomechanics, principles of positioning
- Technologies
 - Common and specialty types of seating and mobility equipment
 - Regulations and standards for devices
 - Regulations and safety requirements, of equipment





1. Knowledge of Population and Technologies

- Materials and Fabrication Processes
 - Safe handling and operation of materials and tools (including tool maintenance)
 - Identify and describe materials used
 - Indications/contraindications
 - Approaches and practices of seating construction and assembly
 - Funding guidelines





2. Assessment and Measurement

- Demonstrate ability to plan for and work effectively in varied environments by:
 - Participate in assessment process with therapist
 - Communicate with therapist as to client needs to select equipment, materials





2. Assessment and Measurement

- Orchestrate packing and shipping for outreach
- Utilize required infection control practices
- Use work order software for quotations
- Assess equipment for safety, provide recommendations





3. Fabrication and Equipment provision

- Select and use tools safely and efficiently
- Collaborate with therapist/dealer to fit commercial equipment
- Fabricate custom equipment ensuring it:
 - Meets postural control goals, including function, mobility, pressure control
 - · Is aesthetically acceptable
 - Is durable and safe





3. Fabrication and Equipment provision

- Perform custom modifications ensuring safety and warranty are considered
- Develop and provide instruction manuals for safe use and care of devices





4. Sharing Knowledge

- Participates in educational discussions re: devices
- Provides education and support re: principles, fabrication, maintenance and adjustment of devices





5. Evidence-informed practice

- Develops and implements strategies to stay current with relevant technical information and evidence
- Participate in forums related to innovative technologies







Discussion

- What training tools are you using?
- Where you practice, is there credentialing required to prescribe equipment?
- What do you think of the CAPE tools?
- Is there a need for a tool like this?
- Resources to share?





Benefits to Mentor

- Train incoming staff, with variety of skill/backgrounds, with consistent expectations
- Forced to pull resources into one document
- Realized where our gaps were in resources





Benefits to Mentor

- Identify gaps in new staff learning and provide exposure in that area
- Tool guides mentors to ensure consistent training





Benefits to New Staff

- Systematic way to assess own skills
- Help recognize their lack of knowledge
- Direct them to vetted resources





Benefits to New Staff

- Guide them into asking pertinent questions
- Outlines the scope of the job
- Outlines criteria staff will be evaluated on
- Allows them to identify strengths





Benefits to New Staff

and the second s

- Ability to create goals from their selfassessment
- Allows them to identify their progress
- Online document allows easy access to resources with a click of a button





Limitations of CAPE Tool

- Lengthy
- Only beneficial if used and have dedicated time to utilize
- Repetitive in areas of similar content
- Links need constant update
- Need better instructions
- Paper resources not easy to access (not online)





Summary

Competency based tools is the way training is moving

and the second second second

- With turnover in our team, needed a more systematic way to train and evaluate staff
- Still in the evaluation phase on whether this is the best tool for us
- Opportunity to share training tools, ideas and resources



Contact information	
Catherine Ellens <u>cellens@cw.bc.ca</u> Maureen Story <u>mstory@cw.bc.ca</u>	
Madricen oldry Miscory Companies	
\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	



Disability Support Services – Equipment and Modifications

Competency Framework

Wheeled Mobility and Postural Management

Introduction

The Wheeled Mobility and Postural Management Credential recognises that therapists undertaking assessment for specialist wheeled mobility and seating, and postural management require specialist knowledge and training. This knowledge allows the therapist to provide appropriate advice and recommendations related to wheeled mobility, seating and postural management solutions.

Level 1 Credential

Level 1 Credentialled Assessors may assess people who:

- 1. Can self-propel, or use their foot to push (punt), a standard manual wheelchair and be safe and able to do essential daily tasks.
- 2. Require an attendant propelled wheelchair or buggy to meet their essential mobility and/or postural needs.
 - NB: Assessment by a Wheeled Mobility & Postural Management Level 2 EMS Assessor, should be considered for children who are, or have the potential to be, full time active wheelchair users who independently self propel a manual wheelchair as their primary means of mobility².
- 3. Can use a standard proportional joystick on a power wheelchair and be safe and able to do essential daily tasks and is not a candidate for an ultra lightweight manual wheelchair for self-propelling.
- 4. Have every day essential *functional needs* such as transfers, managing fatigue, toileting, or achieving ground clearance that may be assisted with the following features:
 - o Tilt and/or recline on a manual wheelchair (or buggy) for adults and young children for management of everyday functional needs or for young children and infants who are likely to require these features due to their age and physical maturation.

¹ Standard manual wheelchair – refers to manual wheelchairs with the following configuration capabilities – rear wheel axle and castor housing adjustments to allow changes in front and rear seat to floor heights and minimal adjustments to horizontal rear axle position. Includes paediatric and bariatric manual wheelchairs with similar features to standard manual wheelchairs with the exception of weight limits. Excludes fully configurable manual wheelchairs.

² The set up and prescription of paediatric manual wheelchairs for active, self-propelling children needs to be specific to prevent secondary complications and enhance efficiency. The dimensions of children, developmental and functional goals make this more complex than with adults and the correct configuration is more difficult to achieve in a standard manual wheelchair.

o Power tilt on a power wheelchair for adults and children for management of everyday functional needs.

NB: The needs of children and adults who have complex seating needs to position and support their pelvis, trunk and head and an essential need for tilt or recline for *postural control* and positioning require the expertise of a Wheeled Mobility and Postural Management Level 2 EMS Assessor.

- 5. Have pelvic positioning needs that can be met through adjustments to readily available cushions e.g. can achieve 70 degrees of hip flexion, has a flexible pelvic obliquity.
- 6. Are at risk of, or have developed, pressure areas on their seated surface.
- 7. Are able to achieve an upright and symmetrical seated posture with some generalised trunk support and be safe and able to do essential daily tasks.

AND

8. Do not have a rapidly deteriorating disability (significant functional loss expected within 6 months) likely to require full trunk support, dynamic seating options e.g. tilt and/or alternative control options for power mobility. This would require the expertise of a Wheeled Mobility & Postural Management Level 2 EMS Assessor.

This credential will also enable EMS Assessors to assess for and request static seating solutions for eligible people, including indoor high – low bases that interface with buggy seating systems, and car seats.

An optional Lying module may be completed by EMS Assessors needing to assessor for and request night time positioning and lying equipment for eligible people.

Level 2 Credential

Level 2 Credentialled Assessors may assess people who:

- 1. Cannot self-propel, or use their foot to push (punt), a standard manual wheelchair³ due to weakness, pain, fatigue or abnormal movement patterns and could be safe and able to do essential daily tasks with an ultra lightweight manual wheelchair.
- 2. Have unusual physical dimensions which cannot be accommodated in a standard manual or powered wheelchair.
- 3. Cannot safely undertake essential daily tasks, or be cared for safely in their home, without additional seating functions such as power seat elevation, tilt, recline, stand and/or leg elevate (as per point 4 Wheeled Mobility & Postural management Level 1 credential).
- 4. Have limited hand function or control of movement and cannot access powered mobility via a standard proportional joystick.

³ Standard manual wheelchair – refers to manual wheelchairs with the following configuration capabilities – rear wheel axle and castor housing adjustments to allow changes in front and rear seat to floor heights and minimal adjustments to horizontal rear axle position. Paediatric and bariatric manual wheelchairs with similar features to standard manual wheelchairs with the exception of weight limits are included but fully configurable manual wheelchairs are excluded.

- 5. Have fixed postural asymmetries and limitations in joint range which cannot be accommodated in readily available cushions or back supports with generalised lateral shaping.
- Have poor sitting ability due to weakness or abnormal movement patterns/tone, and require specifically placed trunk and/or head supports for safety, or to maximise their functional body position for essential daily tasks, or to minimise deterioration of their posture.
- 7. Have a rapidly deteriorating disability (significant functional loss expected within a period of 6 months) likely to require full trunk support, dynamic seating options e.g. tilt, and/or alternative control options for power mobility.
- 8. Are at risk of, or have developed, pressure areas on their seated surface which would not be lessened or resolved with the implementation of pressure management strategies and the use of pressure redistribution cushions.
- 9. Are children who are independent and functional, active all day manual wheelchair users (or could be with appropriate equipment) indoors and in the community.
- 10. Require custom fabricated solutions due to their significant postural issues that cannot be accommodated in readily available backrests and/or cushions. NB: The Assessor needs to have attained the optional endorsement for Complex Custom Fabrication under Wheeled Mobility & Postural Management Complex credential for this type of assessment.

Requirements for Wheeled Mobility and Postural Management Credentials

Level 1 Credential	Level 2 Credential		
Occupational Therapist or Physiotherapist with a current Annual Practising Certificate	Occupational Therapist or Physiotherapist with a current Annual Practising Certificate		
Completed EMS Core Module	Holds a Level 1 Credential in Wheeled Mobility and Postural Management		
Successful completion of a Ministry approved Wheeled Mobility and Postural Management Level 1 Learning and Development Programme (including workshop attendance)	Successful completion of a Ministry approved Wheeled Mobility and Postural Management Level 2 Learning and Development Programme (including workshop attendance)		
	Successful case study review by the Wheeled Mobility Postural Management Level 2 Credentialing Panel		
Optional endorsement for Wheeled Mobility and Postural Management – Lying	Optional endorsement for Wheeled Mobility and Postural Management – Complex Custom Fabrication		
Successful completion of Ministry approved Lying endorsement Learning and Development Programme	Successful completion of Ministry approved complex Custom Fabrication requirements		

Learning and Development Programme information is available here:

- <u>Learning & Development Programme for Wheeled Mobility and Postural Management</u>
 Level 1 Credential
- <u>Learning & Development Programme for Wheeled Mobility and Postural Management</u>
 Level 2 Credential

Supervisor

Each assessor will require a Supervisor under the EMS Accreditation Framework. If your employer cannot provide a suitable Supervisor or you are self-employed please contact Enable NZ who may be able to assist in identifying a supervisor in your area

Therapists seeking to be credentialed for the first time or after a three year gap in practice will follow the process as outlined in the following diagram:

Therapist

- Occupational Therapist or Physiotherapist requires an Annual Practising Certificate
- •Completes Core Module for EMS Assessors
- •Completes Wheeled Mobility & Postural Management Learning & Development Programme requirements including competency tasks and assessments set within the programme

Supervisor

- Observes therapist's practice
- Provides feedback and requests changes as required
- Signs off competency tasks for successful completion of the Wheeled Mobility & Postural Management Learning & Development Programme

Therapist

•Submits application for credentialing to Enable New Zealand (note if a Level 2 credential this includes submiting a case study that is reviewed by a Credentialing Panel)

Credentialled Wheeled Mobility & Postural Management Assessor

- Continues professional development activities
- Meeets on-going requirements to complete a minimum of three assessments per year as verified by the employer
- Applies to be recredentialled every three years

Wheeled Mobility and Postural Management Level 1 - credential competencies

Description Competencies Required Wheeled Mobility & Postural Management Level 1 Competencies Required Knowledge:

 Can self-propel, or use their foot to push (punt), a standard manual wheelchair⁴ and be safe and able to do essential daily

Credential enables the

who:

assessor to assess people

- Require a wheelchair or buggy for transport, behavioural/medical issues & may also require seating as for 4, 5 and 6.
- 3. Can use a standard proportional joystick on a rear wheel drive or mid wheel drive powered wheelchair without powered seating options and be safe and able to do essential daily tasks and are not candidates for an ultra lightweight manual wheelchair for self-propelling.
- 4. Have pelvic positioning needs that can be met through adjustments to readily available cushions e.g. can achieve 70 degrees of hip flexion, have a flexible pelvic obliquity
- 5. Are at risk of, or have developed, pressure areas on their seated surface.
- Are able to achieve an upright and symmetrical seated posture with some generalised trunk support and be safe and able to do

- Understands the biomechanics of pelvic positioning and the effect of position on function.
- Understands the principles of basic wheelchair configuration and prescription appropriate to area of practice.
- Can identify contributing factors / risks for development of pressure areas.
- Can identify contributing factors / risks for development of musculoskeletal deformity.
- Understands indicators for powered mobility and programmable features for proportional joystick controls.
- Is aware of clinical indicators for referral to an assessor for people with complex (level 2) wheeled mobility & postural management needs.

Skill:

 Demonstrates sound assessment processes where parameters of equipment solutions reflect the identified problems, needs and goals of the disabled person showing consideration of social, functional, environmental and developmental requirements.

Completion of a Ministry approved Learning and Development Programme for Wheeled Mobility and Postural Management Level 1

Demonstrated by

Credential. This ensures assessors can demonstrate an ability to:

- Use knowledge gained to independently complete 3 physical assessments in supine and sitting as observed by supervising therapist or mentor.
- Use knowledge of the impact of wheelchair configuration on positioning and function to adjust and prescribe a standard manual or powered wheelchair with 3 people and can demonstrate this to supervising therapist or mentor.
- Present rationale for pressure management strategies for a specific person to supervising therapist or mentor.
- Use knowledge gained to independently complete 3 physical assessments in supine & sitting & can describe the rationale and equipment requirements to correct or accommodate for any joint limitations as observed by supervising therapist or mentor.
- Use knowledge gained to provide rationale for prescribing a powered wheelchair as discussed via client file with supervising

⁴ Standard manual wheelchair – refers to manual wheelchairs with the following configuration capabilities – rear wheel axle and castor housing adjustments to allow changes in front and rear seat to floor heights and minimal adjustments to horizontal rear axle position. Includes paediatric and bariatric manual wheelchairs with similar features to standard manual wheelchairs with the exception of weight limits. Excludes fully configurable manual wheelchairs.

Description Competencies Required Demonstrated by essential daily tasks. therapist. Can complete a supine and sitting evaluation for people AND Use knowledge gained at with wheeled mobility and training to make appropriate Do not have a rapidly seating needs that are not referrals or request deteriorating disability defined as complex. assistance from wheeled (significant functional loss mobility & postural Can utilise adjustable expected within 6mths) management Level 2 features of readily available likely to require full trunk credentialed assessors. cushions to meet positioning support, dynamic seating requirements. options e.g. tilt-in-space Facilitate initial assessment and /or alternative control interviews using effective Can utilise simple backrests options for powered to provide generalised trunk assessment and mobility. This would require support. communication skills to the expertise of a Wheeled collect information which Mobility & Postural Can re-configure (or advise reflects a holistic, client Management Level 2 a technician how to centred approach as credentialed assessor. reconfigure) standard observed by supervising manual and powered **AND** therapist or mentor with 3 wheelchairs to meet the Are not children who are clients. person's mobility and independent and functional, Demonstrate ability to handle positioning needs. active manual wheelchair and position the client safely users (or could be with during a supine and sitting appropriate equipment) evaluation to correctly indoors and in the identify and locate key community. This would anatomical landmarks of the require the expertise of a pelvis, record range of Wheeled Mobility and movement at hips and knees Postural Management and record measurements as Level 2 credentialed observed by supervising assessor. The set up & therapist or mentor with 3 prescription of paediatric clients. manual wheelchairs for active self-propelling Complete a product children needs to be evaluation of 6 cushions and specific to prevent client photographs in final secondary complications & solution. enhance efficiency. Complete a product Dimensions & evaluation with 3 backrests developmental goals make and client photographs in this much more difficult final solution. than with adults. Independently adjust leg rest and armrest heights, seat This credential will also enable assessors to access rake and seat to floor heights static seating solutions and as demonstrated to car seats. supervising therapist or mentor with 3 clients. See also Wheeled Mobility and Postural Management **Level 2 Credential** competencies. Completion of the Wheeled The knowledge and skill Optional Endorsement: Lying **Mobility and Postural** required for the Wheeled Enables the assessor to Management Level 1 **Mobility and Postural** assess people who: Credential. **Management Level 1** Are at risk of, or have, Credential is a pre-requisite persistent postures of Completion of Ministry for the Lying endorsement.

approved Wheeled Mobility

Description asymmetry in lying. 2. Require frequent repositioning through the night due to discomfort from unsupported positions or other issues. 3. Require a supported lying position through the day to achieve functional positioning for everyday activities.

Competencies Required

In addition, the following competencies are required:

Knowledge:

- Understands the rationale of a 24 hour approach to postural management.
- Can refer to evidence based practice to identify people who would benefit from night-time positioning and a 24 hour approach to postural management.
- Is aware of, and knows how to manage, risks when introducing night-time positioning.
- Can identify the parameters of lying equipment required to minimize the development of musculoskeletal deformities and/or to support a functional lying position.
- Has an in-depth knowledge of sleep systems and other lying equipment options available.

Skill:

- Can complete a lying assessment and utilize additional assessment tools as needed. E.g. Chailey Assessment of Lying Ability, sleep diary.
- Can configure equipment to support people in lying to correct or accommodate postural asymmetry.
- Can work in partnership with the person and all those involved in their care to ensure an integrated approach to postural management is facilitated.

Demonstrated by

and Postural Management (Lying) Learning and Development Programme. This ensures assessors can demonstrate an ability to:

- Use knowledge gained to provide information about the importance of positioning in lying to clients and those involved in their care.
- Provide appropriate intervention for clients.
- Utilise a Postural Care Summary as provided by the Ministry contracted provider.
- Provide positioning solutions in lying that meet the positioning and/or functional needs of the person.
- Utilise lying options to provide a cost-effective solution to meet the positioning and/or functional needs of the person in lying.
- Complete a lying assessment that identifies any loss of range of movement and includes information of unsupported lying position and how it could be improved.
- Describe rationale for equipment parameters to supervising therapist or mentor.
- Provide evidence of communication with relevant others during the assessment process.

The Lying endorsement does not require completion of competency tasks other than attendance at the 2 day Learning and Development Programme for Lying. It is recommended that Supervising Therapists use case discussions and review of client files to ensure assessors demonstrate competence in their work.

Wheeled Mobility and Postural Management - Level 2 credential competencies

Description

Competencies Required Knowledge:

Demonstrated by

Wheeled Mobility & Postural Management Level 2 credential enables the assessor to assess people who:

- Cannot self-propel, or use their foot to push (punt), a standard manual wheelchair due to weakness, pain, fatigue or abnormal movement patterns however could be safe and able to do essential daily tasks with an ultra lightweight manual wheelchair.
- Have unusual physical dimensions which cannot be accommodated in a standard manual or powered wheelchair.
- 3. Cannot safely undertake essential daily tasks, or be cared for safely in their home, without additional seating functions such as seat elevation, tilt-in-space, recline and powered elevating leg rests. NB: Young children and infants under 2 years of age who require a buggy with tilt-inspace and/or recline due to their age and physical maturation, and don't have seating needs as described in 5 & 6, may be assessed by a Wheeled Mobility & Postural Management Level 1 Credentialled Assessor.
- 4. Have limited hand function or control of movement and cannot access powered mobility via a standard proportional joystick.
- Have fixed postural asymmetries and limitations in joint range which cannot be accommodated in readily available cushions or backrests with generalised

Understands the influence of the musculoskeletal / neuromuscular systems on sitting posture and function.

- Understands the impact of posture and positioning on the development of sitting ability, the management of abnormal movement patterns and the development of musculoskeletal deformities.
- Can identify fixed versus flexible postural anomalies and provide appropriate interventions for the person. This may involve compromising ideal posture in order to position for function in some instances. Rationale needs to be clear.
- Has an in-depth knowledge of a range of clinical conditions and the implications for wheeled mobility and seating, and uses this knowledge to anticipate future needs of the person and/or their caregivers (includes injury prevention).
- Has an in-depth knowledge of wheeled mobility and seating options which includes an understanding of the adjustable features (including specialty control options for powered mobility), their application and cost-effectiveness to meet an identified need, and actively keeps up to date with changing product.

Skill:

 Demonstrates a robust assessment process where the pathway from the initial assessment which identified the problems, needs and Completion of a Ministry approved Learning and Development Programme for Wheeled Mobility and Postural Management Level 2 Credential. This ensures assessors can demonstrate an ability to:

- 1, 2 & 3. Use knowledge gained to independently complete 5 physical evaluations and describe the rationale for equipment parameters required to meet needs to supervising/mentoring therapist.
- Identify how future needs have been anticipated during prescription of three wheeled mobility and seating systems to supervising/mentoring therapist.
- Complete hands-on product evaluation of complex seating, ultra-lightweight manual wheelchairs/buggies and powered wheelchairs with power seating. Use knowledge gained at specialised manual wheelchairs and powered mobility training to complete wheeled mobility and seating prescriptions and set up for three different clients and can demonstrate this to supervising/mentoring therapist.
- Successfully complete one case study for evaluation by a credentialing panel as per the case study requirements included in the Seating To Go Learning and Development Programme.
- Use additional assessment tools as appropriate and as evidenced in the case study for credential application.
- Complete product

Description **Competencies Required Demonstrated by** goals of the person, to the lateral shaping evaluations and client final equipment solution is photographs in final solution clear. for three people 6. Have poor sitting ability due Can complete a supine and Uses knowledge gained at to weakness or abnormal sitting evaluation for people powered mobility workshop movement patterns/tone, with complex wheeled and training on specialty and require specifically mobility and seating needs control options to prescribe a placed trunk and/or head and utilise additional powered wheelchair with supports for safety, or to assessment tools as needed power seating as discussed maximise their functional e.g. Chailey Levels of Ability via client file with body position for essential assessment, Powered supervising/mentoring daily tasks, or to minimise Mobility Programme. therapist. deterioration of their posture. Utilises adjustable features of modular seating systems, 7. Have a rapidly deteriorating accessories and specialised disability (significant wheelchairs to meet functional loss expected positioning and functional within a period of 6 months) needs. likely to require full trunk support, dynamic seating Can identify and utilise options e.g. tilt in space, control methods for powered and/or alternative control mobility that are appropriate options for powered mobility to the cognitive and physical abilities of the person. 8. Are children who are independent and functional, active manual wheelchair users (or could be with appropriate equipment)

Optional Endorsement: Complex Custom Fabrication

Enables the assessor to assess people who:

indoors and in the community.

- Require a custom fabricated⁵ seating product that is highly individualised and most commonly used for those people with Level 1 Chailey Sitting Ability, or those with significant orthopaedic deformity of the spine or pelvis.
- 2. Require a unique and unusual custom modified wheeled mobility base.

Knowledge:

Can explain and analyse clinical assessment findings and translate these to the requirements of the seating or mobility base to be fabricated.

Skill:

- Problem solves positioning and mobility issues and prescribes unique and unusual solutions for people who have significant fixed deformity that cannot be managed in readily available equipment and who may require custom fabricated seating / wheeled mobility options.
- Can anticipate difficulties that may arise in relation to

An ability to:

- Successfully complete one case study for evaluation by the credentialing panel for a person who requires a custom fabricated solution as per the case study requirements.
- 1 & 2. Facilitate the provision of three complex custom fabrication solutions for three different people under the supervision of a supervising / mentoring therapist. This includes completing the assessment and taking a lead role in the problem solving and decision making during the fabrication process.

Assessors must hold, or be

⁵ Custom fabricated seating product refers to equipment that requires specialist assistance from outside the assessment service to fabricate seating solutions that are highly individualised and are unable to be re-issued via equipment stores.

Description	Competencies Required	Demonstrated by
	pressure management, transfers and personal cares, and any functional or environmental impact that might occur during the introduction of custom fabricated solutions.	applying for, the Wheeled Mobility and Postural Management Level 2 Credential prior to, or at the time of applying for the Complex Custom Fabrication endorsement.

Seating & Mobility Specialist (SMS) Certification Exam Readiness Tool

This tool contains the validated tasks and skills to provide competent seating and mobility services, as identified by the RESNA Professional Standards Board (PSB) 2009 job analysis study. It is intended to help you assess your readiness for the exam and is recommended for use with other materials, such as SMS study references, in preparation for the exam.

Results of this self-assessment are for your professional use only and in no way impact your current certification status or guarantee the results of your performance on the exam.

You can use the results of this assessment to:

- · Document strengths in a specific practice area;
- · Identify gaps in knowledge and skills for a specific practice area;
- · Identify professional growth opportunities;
- Link current skills and abilities to critical job skills and performance plans;
- · Assess learning needs prior to re-entering the workforce after a prolonged absence from practice;
- · Assess learning needs prior to transitioning from one area of practice to another;
- · Form the framework for a professional development plan.

I.	PERFORMANCE OF SEATING AND MOBILITY ASSESSMENT	No Experience	Participate or Assist	Under Supervision	Proficient
A.	Determine the reason for referral, the problem, and the need				
	Clarify the primary problems as the focus of the seating and mobility assessment				
	Differentiate among the consumers' needs, desires, concerns, abilities, function, potential, limitations, risks and precautions				
D.	Determine possible intervention and equipment and be able to explain in terms that the consumer can understand				
E.	Explain to the consumer the components of the evaluation process (e.g., assessment of posture, skin, mobility, function as well as product trial, specifications, funding, fitting and training process)				
F.	Assimilate relevant information from the medical record, interviews with consumer/caregiver, and other team members to identify needs and goals (e.g., ventilator/respiration needs)				
G.	Review current seating and mobility devices used, discusses the pros and cons of these devices (e.g. what works well, what doesn't, why)				
Н.	Analyze consumer's current level of activities and participation				
I.	Analyze use of current assistive technology devices in addition to seating and mobility technologies by means of observation, interviews, and quantitative measures				
J.	Use performance measurements to define the baseline function in order to document the effectiveness of intervention				
K.	Perform or assist in a physical assessment (determining current seating posture, muscle tone and strength, joint/muscle flexibility, etc.)				

	No	Participate	Under	Proficient
	Experience	or Assist	Supervision	
L. Perform or assist in a functional seating assessment to				
determine optimal support needed to maximize function,				
comfort and posture by using various types of simulations				
(planar seating, molded seating, hands on)				
M. Perform or assist in an equipment assessment/review of				
potential power mobility product options in varied				
environments (determining compatibility of multiple				
components, ease of care/use, pressure management)				
N. Perform or assist in an equipment assessment/review of				
potential manual mobility product options in varied				
environments (determining compatibility of multiple				
components, ease of care/use, pressure management)				
O. Perform or assist in a functional assessment for potential				
manual mobility product options in varied environments				
(assessing endurance, efficiency, mobility skills)				
P. Perform or assist in a functional assessment of the client				
with potential power mobility product options in varied				
environments (assessing ability to operate proportional				
joystick, power seating needs, mobility skills, etc)				
S. Utilize appropriate seating and mobility related tests and				
measurement tools (e.g., pressure mapping, balance testing	5,			
fall-risk assessment)				
T. Interpret pertinent data relating to the measurement tools				
accurately				
U. Consult and collaborate with appropriate professionals and				
resources as part of a complete seating and mobility				
assessment				
V. Recommend modifying, adjusting current equipment or				
obtaining new equipment				
W. Provide documentation, or assists with documentation, to				
justify recommendation (e.g., cost-benefit analysis,				
terminology, medical justification				
X. Utilize evidence-based practice to guide analysis and				
recommendations				

II.	FUNDING RESOURCES, COVERAGE, AND PAYMENT	No Experience	Participate or Assist	Under Supervision	Proficient
A.	Inform consumers regarding the specific funding eligibility criteria that exist for mobility and seating equipment that must be considered as an integral part of the evaluation				
В.	Provide rationale for the requested seating and mobility system (as it pertains to the consumer's coverage policy)				
C.	Critique all necessary documents received from team members (supplier, therapist and physician) to establish accuracy and quality of information being submitted for review by a third-party payer				
D.	Facilitate and participate in the appeal process (e.g., a non-payment, non-prior authorization, non-coverage, and down-coding or recommended items)				
III.	IMPLEMENTATION OF INTERVENTION	No	Participate	Under	Proficient

		Experience	or Assist	Supervision	
Δ	Review product specifications, integration and	Емрененее	OI TIBBIBE	Super vision	
11.	compatibility for safety implications and verifies				
	performance, quality and accuracy				
R	Analyze set-up and configuration process to compare with				
ъ.	assessment recommendations (e.g., observation, interview,				
	quantitative measures)				
C.	Participate in the fitting and set-up of postural support				
	Participate in the set-up and configuration of a manual				
	wheelchair for "optimal performance."				
E.	Participate in the set-up, configuration and programming of				
	power mobility devices				
F.	Participate in the integration of multiple technologies				
	working from or through the chair				
G.	Perform or assist in training the consumer and others in the				
	general use of a mobility product (e.g., transportation,				
	transfers) in varied environments				
H.	Perform or assist in training the consumer and others in the				
	use of a POWER mobility product (operating proportional				
	joystick, power seating) in varied environments				
I.	Perform or assist in training the consumer and others in the				
	use of a MANUAL mobility product (mobility skills on				
	varied terrains, efficiency, propulsion techniques)				
J.	Modify device, programming and/or set-up based on the				
	client's performance during training to ensure safety and				
	maximum functional use				
K.	Train the consumer and others in troubleshooting				
T T 7	OTHEROWE A COECOMENTE AND DOLLOW ITS	N.T.	D	TT 1	D. C.
17.	OUTCOME ASSESSMENT AND FOLLOW UP	No	Participate	Under	Proficient
		Experience	or Assist	Supervision	I

IV.	OUTCOME ASSESSMENT AND FOLLOW UP	No	Participate	Under	Proficient
		Experience	or Assist	Supervision	
A.	Compare and document actual outcomes with anticipated				
	outcomes (e.g., goals) to determine if goals were met.				
B.	Recognize consumer dissatisfaction or change of status,				
	equipment failure, or other poor outcomes, and takes				
	appropriate action to improve and optimize the intervention				
	in conjunction with other members of the team.				
C.	Analyze the current set-up and configuration and compare				
	it with intended set-up and configuration (e.g., observation,				
	interview, quantitative measures) during the follow-up				

V.	PROFESSIONAL BEHAVIOR	No	Participate	Under	Proficient
		Experience	or Assist	Supervision	
A.	Advance expertise in the field by keeping abreast of latest research, best practice and technological advances in the field of seating and mobility.				
B.	Act as a mentor or resource to colleagues, associates and students				
C.	Work with policy makers to develop equitable coverage policies				
D.	Maintain and distribute documentation that is relevant, appropriate, accurate and timely				



NEUROMOTOR PROGRAM

Positioning and Mobility OT/PT Competence Assessment, Planning & Evaluation (CAPE) Tool

February 2017

Instructions:

Professional Standards Met	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	<u> </u>	•		<u></u>			1		

The first bolded box of columns describes the standard to be met in your professional role, along with the criteria for evaluating competence.

The second bolded box provides a space for rating performance on each of the criteria for a given competency. The rating scale is provided below.

The third bolded box provides a space to list available resources and recommended activities to support your learning goals, as well as a place to document your progress on these goals.

CAPE Tool Rating Scale:

Need Learning & Practice

This column reflects whether you know the concepts and skills required for effective performance of a particular action.

- If you have acquired this knowledge/skill through prior education or on-the-job learning, leave this one blank.
- If you need further learning and practice, mark a ✓

Knowledgeable, But Need Practice

This column reflects your ability to apply your knowledge/skill in changing practice situations.

- If you have the background knowledge, and have had several opportunities to successfully apply your knowledge or perform a skill in clinical practice, leave this one blank.
- If you have the knowledge, but need more practice to feel confident and competent, mark a ✓

Competent

This column applies to you if you have the required knowledge/skill and have had several opportunities to successfully apply it in practice.

Mark a ✓ under this one if you can perform a particular action independently and effectively in a variety of situations.

Expert/Help Others Learn

- Mark a ✓ under this one if you have a thorough knowledge base and are competent, confident and effective in performing a particular action in complex situations.
- You are able to act as a preceptor or mentor with other clinicians who are learning this knowledge or skill.

Name:	Date initiated:	

NEUROMOTOR PROGRAM Positioning and Mobility PT/OT CAPE Tool February 2017

These clinical competencies should be used in conjunction with competencies related to inter-professional practice, ethics, informed consent and other related foundational competencies.

1. Knowledge - Demonstrates working knowledge of the population of children who would benefit from posture management and augmented mobility

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
F	Describe typical development of postural control and locomotion					Print Books: • Motor control:	Review normal development of		
F/SP	Describe the influence of the musculoskeletal/ neuromuscular and sensory systems on postural control and locomotion					Theory and applications, 1995 Shumway Cook.CH6. Control of posture and balance (therapy library)	posture and movement Complete e-learning courses		
F/SP	Describe the importance of the base of support with particular focus on the biomechanics of pelvic positioning and the effect of position on function.					E-learning Courses: • Movement disorders • Pediatric feeding Modules 1 and 2	Review common diagnoses that require positioning and mobility and the		
F/SP	identify and describe key issues/factors of various populations of children requiring postural and mobility assessment and management. Consider risk and safety consideration, environmental and personal					ICF Internal policies: Braden Q skin assessment Websites: Child Development: Health conditions PO Wheelshair	general of each diagnosis Review the Hip Surveillance Website Attend inservices, rounds and in-house		
F/SP	Describe postural control, the management of abnormal movement patterns and the development of					BC Wheelchair Provision Guide for Children and Adults with Neuromuscular Conditions	Attendance at relevant workshops and conferences		

NEUROMOTOR PROGRAM Positioning and Mobility PT/OT CAPE Tool February 2017

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
F/SP	musculoskeletal deformities Describe the inter- relationships between posture, mobility and function including: Upper extremity function, Respiratory function, GI Function and Elimination Sensory function Cognition Communication Participation Environmental factors					Seating and Mobility: Mobility Prescription Manual Wheelchairs Power Wheelchairs Equipment Manufacturers National Coalition of Assistive and Rehab Technology: Clinical application guide to standardized wheelchair seating	Participate in discussions around critiquing of equipment Compare power wheelchair features of manual wheelchairs, power wheelchairs and alternative positioning and mobility equipment.		
F/SP	Describe the risks and/or factors that may contribute to the development of pressure areas					measures Glossary of Wheelchair Terms and Definitions	Review supplementary resources for further		
F/SP	Articulate the basic set up of a wheelchair and measurements needed for prescription					Hip Surveillance for Children with CP (in BC)	information		
F/SP	Understand the rationale for proportional joystick use and the programmable features of a proportional joystick					AACPDM Care Pathways			
F/SP	Articulate any safety requirements or concerns related to use of equipment/devices					E for P Reviews: Positioning for children GMFCS IV &V.Focus on hip health Power mobility for infants and preschoolers Power mobility for school aged children Hip Displacement and dislocation.			

2. Assessment – Conduct an assessment of postural control and mobility, accessibility and transportation across a variety of ages, conditions and contexts.

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
F/SP	Pre-assessment planning: Review health record and identify relevant information pertinent to a child's postural, positioning and mobility needs. • Medical status • Orthopedic status including relevant x-rays • Risk factors including respiratory function, pressure, Gl/feeding concerns • Skin condition/health • Sleep health					W drive: SH_PMT PMT Procedural Manual PMT assessment worksheet Intake Forms Priority of intervention forms Websites: Child Development: Collaborative Goal Setting with Children and Families	Review PMT Procedural Manual Review Powerchart – reports and x-rays Review assessment and intake forms. Review and discuss completed intake and pre-assessment information with mentor Complete intake and		
F/SP	Communicate with child/family/caregivers and relevant health professionals prior to appointment to determine: Child/family goals Primary therapist goals Environmental factors (home, school, community, transportation, equipment funding eligibility						chart review independently, consulting with mentor/colleagues as necessary Review Supplementary resources		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
F/SP	Assessment: Confirm with child/family Environmental factors (home, school, community, transportation, equipment history and funding eligibility Physical, functional and environmental requirements for any trial equipment						Speak with family and community team regarding environmental considerations Consult intake form		
F/SP	Perform clinical postural assessment including: Height and weight Body measurements Range of motion Postural control (lying, sitting, standing and walking) Skin health/pressure/shear risk screening Respiratory function Pain assessment/screen Bone/orthopaedic risk (hip, spine, fracture)					 E-learning courses: Seating assessment Level of Sitting Scale Pathological fractures Websites: Sunny Hill SHERC Resources: Healthy bones Skin health Tone Management 	Complete E-Learning courses Observe mat assessments, perform mat assessments with assistance and then perform mat assessments with supervision Observations of postural assessment in various practice environments Supervised practice of postural assessment in various practice environments		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
F/SP	Identify need for referral to other services/specialist such as: Orthopedics Tone management Gait lab Feeding					BC Children's Hospital SHHC website	Review referral criteria for services/teams at BC Children's Hospital and Sunny Hill Health Centre		
SP	Perform comprehensive specialized postural assessment of: Postural control in tasks and activities musculoskeletal function and deformity (PT) ambulation/gait (PT) pressure mapping (OT and PT) Respiratory assessment (PT) Environmental accessibility technologies(OT) Activity/participation (OT) Feeding/GI function (OT) Transfers (OT/PT) Pain (OT/PT) Transportation (OT/PT)					Pressure Resources: Internal policies: Skin Assessment: Brayden Q scale Braden Q Intervention guide Websites: Seating and Mobility: Pressure Management Pressure Management Assessment tool (PMAT) International Best Practice Guidelines: Clinical Use of Interface Pressure Mapping for Seating W drive: SH_PMT X-sensor Foresite user manuals	Review pressure management and pressure mapping resources Use of pressure monitor and analysis of pressure map. Complete training on X-Sensor pressure mapping equipment use. Supervised practice in assessment of: Familiarize and use of pain tools Respiratory assessment and oximeter use Environmental technologies Ambulation and gait		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
						Pain resources Evidence for Practice: Pain for Children with Cerebral Palsy W drive: SH_PMT Pain resources folder Websites: Paediatric Pain Profile Non-communication Children's Pain Checklist CanChild Presentation on Pain prevention and treatment in children and young people with CP	Functional activities of daily living and participation.		
SP	Alternate positioning: Assess specific need for alternate positioning including: • Standing • Bed/sleep positioning systems • Specialized ADL – bathing/toileting systems					Standing: W drive: SH_PMT Evidence Review: Systematic Review on Supported standing (Paleg) Effects of weight bearing in abduction Effects of standing with hip abduction and extension	Observe assessment for variety of alternate positioning devices. Familiarize with alternative positioning devices such as standing frames, bed positioners, specialized beds, specialized ADL		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
						Night time positioning W drive: SH_PMT Introduction to Postural management at night Postural Management for Children with CP Evidence Summary: Cochrane review on sleep positioning systems for children with CP Evidence Summary on sleep positioning for kids with CP	equipment Supervised practice in assessment for alternative positioning devices. Review additional standing and night time positioning resources on W drive Independent assessment for alternative positioning devices consulting with colleagues as required		
SP	Select and administer as appropriate: Individualized outcome measures Level of Sitting Scale GMFCS MACS Functional Mobility Scale					E-Learning Courses: Level of Sitting Scale Websites: GMFCS MACS FMS	Practice Level of Sitting Scale Review with PMT mentor		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
F/SP	Mobility Assessment: Manual Mobility: Perform manual mobility assessment for independent users. -wheelchair skills test Perform manual mobility assessment for dependent users					Manual Mobility Print books: • Manual Wheelchair Training Guide 2013 (available in therapist offices) Websites: Child Development: • Manual Mobility (see Resources and Assessment section)	Review seating and mobility equipment – onsite, inservices, dealer websites Observe manual mobility and wheelchair skills assessment. Participate in manual mobility and wheelchair skills assessment.		
F/SP	Power mobility: Review criteria and assess for power mobility, including appropriate equipment - Power- ride on toys - Power wheelchair with joystick - Power wheelchair with alternate access and need for referral to ATT.					Power Mobility Print Books: Powered wheelchair Training Guide 2002 (available in therapist offices) E-learning courses Power Mobility Assessment	Complete manual mobility and wheelchair skills assessment with supervision Familiarize with features/types of Power mobility devices, access methods through inservice, websites. Independently complete manual mobility and wheelchair skills		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
F/SP	Alternate mobility: Assess specific needs for alternate mobility systems including: -Walkers -Strollers -Gait trainers					Websites: Child development: Power Mobility (see Resources and Assessment section) Alternate Mobility Evidence Summary: Systematic Review of Gait Trainers (see Roslyn for copy) E for P Reviews: Gait Trainer Effectiveness W drive: SH_PMT Novita Walker assessment	assessment consulting with colleagues as required. Observe power mobility assessment. Participate in power mobility assessment. Complete power mobility assessment with supervision Independently complete power mobility assessment consulting with colleagues as required. Observe alternate access for power mobility with ATT OT		
F/SP	Transportation and Accessibility Assessment Perform assessment for safe transportation for individuals in mobility devices: -manual and power wheelchair -specialized car sets					Websites: Sunny Hill: SHERC Transportation of Infants, Children and Youth with Special Needs Wheelchair	Review transportation resources and equipment Review dealer and manufacturer websites as well as websites on adapted vehicles. Observe transportation		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
	-specialized transport belts -adapted vehicles Perform assessment for home/community accessibility options: -elevators/porch lift -home access					Transportation Safety Tips International Best Practice Guidelines: Transportation of People seating in wheelchairs W drive: SH_PMT Resource on transportation alternatives Cost of owning an adapted van	assessment. Participate in transportation assessment Complete transportation assessment with supervision. Independently complete transportation assessment consulting with colleagues		

3. Prescription - Equipment prescription/Intervention. Clinicians can synthesize assessment data, develop intervention plan and prescribe appropriate intervention/equipment across a range of ages, conditions and contexts.

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
F/SP	Positioning: Commercial Seating Develop postural positioning intervention plan utilizing commercial equipment and integrating: Child/family goals Context for equipment use Assessment findings Equipment options Environment where equip used					W drive: SH_PMT PMT Procedural Manual Seating Prescription presentation Websites: Equipment Vendors (with selection of pediatric equipment) Advanced Mobility HME Motion Specialties	Attend inservices, conferences and meetings and engage in discussions critiquing equipment Regularly review relevant equipment websites Attend Rehab Equipment Expo and attend the International Seating Symposium (ISS) Discuss and consult with colleagues regarding new or complex equipment prescription requirements Commercial equipment: Observation and discussion with mentor in development of		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
							positioning and mobility plan Participate in development of positioning and mobility plan Supervised practice in developing positioning and mobility intervention plan. Independently develop positioning and mobility intervention plan consulting with colleagues as required.		
SP	Positioning: Customized Seating Develop postural positioning intervention plan utilizing both customized commercial and custom solutions for individuals with complex postural and mobility needs and integrating: Child/family goals Context for equipment use					W drive: SH_PMT • Seating prescription presentation V drive: Equipment folder • PCS user guide (V drive Equipment folder) • Lateral tilt resource Websites: BC children's Orthopedic clinic: • Post operative	Customized commercial and custom: Observe and discuss with mentor the process for developing positioning and mobility intervention plan. Participate in development of positioning and mobility intervention plan. Develop positioning		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	 Assessment findings Equipment options Environment where equipment to be used Maintain familiarity and knowledge of changing commercial and custom postural control, mobility, accessibility and transportation equipment. 					guidelines	and mobility intervention plan, discuss with mentor and communicate to child and family. Independently develop positioning and mobility intervention plan, consulting with colleagues as needed.		
	Mobility Manual and Power Mobility Develop a mobility prescription utilizing manual and/or power mobility equipment and integrating: Child/family goals Context for equipment use Assessment findings Equipment options Environment where equipment will be used Set up and trial mobility					Manual Mobility Websites: Child Development: • Manual mobility (see prescription section) RESNA position papers: • Application of ultralight manual wheelchairs Power Mobility Websites: Child Development • Power mobility (see prescription section RESNA position papers: • Application of power wheelchairs for	Manual Mobility NEED learning activities!!!!!! Power Mobility Review and test power mobility devices Observe set up and trial of training plan for development of power mobility skills with mentor Participate in set-up and trial of training plan for development of power mobility skills with mentor.		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	equipment. If trialing power, use conventional joy stick controls. Prescribe and complete required documentation to obtain appropriate mobility systems.					pediatric users Seat elevating devices Tilt, recline and elevating legrests Wheelchair standing devices	Lead set-up and trial of training plan for development of power mobility skills with supervision from mentor. Independently set –up and trial of training plan for development of power mobility skills consulting with colleagues as required		
F/SP	Funding for equipment Identify appropriate funding source and complete required documentation effectively to obtain equipment					Websites: At Home Program Guide (AHP) CMERLS Funding for children over 18 Funding for new refugees W drive: SH_PMT Durable medical equipment request form for AHP and user guide As Per letter requirements Equipment funding folder PMT Procedural manual	Review funding forms (eg. Durable medical equipment Request) Review Children's Medical Equipment Loans Service (CMERLS) Review funding for kids going off At Home Program Talk to Social Workers re: other funding options (eg.Variety, CKNW) Complete funding request forms/letters and review with mentor		

4. Delivery and Education – Clinician delivers equipment to clients. Clinician fits equipment with help of dealers/seating devices technician based on assessment findings and equipment prescribed. Clinician trains client and caregivers on safe use of equipment.

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
F/SP	Commercial positioning and mobility equipment Collaborate with dealer/ technician to fit commercial postural, positioning and mobility equipment Develop individualized training plan for use of equipment						Observation of technician & mentor Participate in equipment fitting with technician, mentor, dealer Complete equipment fitting with technician and dealer with mentor supervision. Independently complete equipment fitting with technician and dealer, consulting with colleagues as required.		
SP	Custom positioning and mobility equipment Collaborate with seating technician to prescribe and fabricate custom postural or customized commercial, positioning and mobility equipment					Senior technician & PMT mentor therapist	Observation of prescription and shape capture, trial and final fit of FIB &/or FIP. Assist with Foam-in-Box &/or Foam-in-Place PCS prescription and shape capture, trial &		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
	Develop individualized training plan for use of equipment						final fit Lead prescription, shape capture, trial and final fit of FIB &/Or FIP Independently prescribe, shape capture, trial and complete final fit of FIB/FIP identifying and coordinating required assistance.		
F/SP	Review and provide information regarding safe and effective use of postural, positioning and mobility equipment					V drive: PCS User Guide W drive: SH_PMT PMT Procedural Manual Websites: Child Development: Power mobility (training activities) Power mobility training checklists (in PMT filing area). If loaning equipment: Checklist for loaning equipment (see	Review resources related to equipment use and safety Review equipment loan procedures Review transportation information/guidelines on SHHC website. Observe communication of safe use of equipment with child/family/community supports. Review and communicate information regarding safe use of equipment		

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This ? (√)	Date Learning Goals Met
						therapy aide) • Loan Equipment form (see therapy aide)	to child/family/community supports with mentor supervision Independently review and communicate information regarding safe use of equipment to child/family/community supports. Consult with colleagues as required.		

5. Sharing knowledge. Clinician integrates and shares knowledge and expertise of postural management and mobility in children and youth, with team members, colleagues, children/families and community partners.

Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
SP	Participates in clinical and educational discussions/ presentations related to postural management and mobility and impact on health, development,					Learning Hub Evidence Centre SHERC	Participate in ISS Attend and present on positioning and mobility topics		

Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	function and participation with child/family, colleagues and community partners.					International Seating Symposium	Do the above onsite, offsite (outreach) and by Telehealth		

6. Evidence informed practice. Clinician seeks out, critically reviews and integrates relevant evidence related to postural management and mobility into practice.

Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
SP	Develops and implements strategies to stay current with relevant evidence on postural management and mobility					Evidence Centre	Participate in PMT KB meetings Review evidence		
SP	Critically reviews evidence, and integrates into practice						sources and supports.		

SUPPLEMENTARY RESOURCES

Evidence-Based Summaries

Up to Date: https://www.uptodate.com/contents/search

Rehab Reference Center (Sunny Hill connection)

Cochrane Collaboration: https://www.cochrane.org/

American Academy of Childhood Disability and Developmental Medicine (AACPDM) Care Pathways: https://www.aacpdm.org/publications/care-pathways

CADTH Reports: http://www.childdevelopment.ca/E4PGroup/CADTHReports.aspx

OT/PT Student CAT/CAP presentations

Traffic Light Database, Sunny Hill Evidence Centre:

Seating-related Resources

World Health Organization:

- Guidelines for Provision of Manual Wheelchairs in Less Resourced Settings: http://www.who.int/disabilities/publications/wheelchairs 9789241547482/en/
- Wheelchair Service Training Package, Basic Level: http://www.who.int/disabilities/technology/wheelchairpackage/en/
- Wheelchair Service Training Package, Intermediate Level: http://www.who.int/disabilities/technology/wheelchairpackage/wstpintermediate/en/

International Best Practice Guidelines:

https://www.pmguk.co.uk/resources/best-practice-guidelines/best-practice-guidelines-2010

RESNA Position Papers: http://www.resna.org/knowledge-center/position-papers-and-provision-guides

Canadian Best Practice Guidelines for the Prevention and Management of Pressure Ulcers in People with Spinal Cord Injury: A Resource Handbook for Clinicians: http://onf.org/system/attachments/168/original/Pressure Ulcers Best Practice Guideline Final web.pdf

Pressure Ulcer Prevention and Treatment following Spinal Cord Injury

http://www.pva.org/atf/cf/%7BCA2A0FFB-6859-4BC1-BC96-6B57F57F0391%7D/CPG_Pressure%20Ulcer.pdf

SUPPLEMENTARY RESOURCES continued

Preservation of Upper Limb Function following Spinal Cord Injury http://www.pva.org/atf/cf/%7BCA2A0FFB-6859-4BC1-BC96-6B57F57F0391%7D/cpg_upperlimb.pdf

Spinal Cord Injury Research Evidence (SCIRE): http://scireproject.com/

Diagnosis-Specific Resources

Cerebral Palsy Alliance: https://www.cerebralpalsy.org.au/about-cerebral-palsy/

National Organization for Rare Disorders

https://www.rarediseases.org/rare-disease-information/rare-diseases

Genetics Home Reference: http://ghr.nlm.nih.gov



NEUROMOTOR PROGRAM PROGRAM Soating Devices Technician

Seating Devices Technician

Competence Assessment, Planning & Evaluation (CAPE) Tool

February 2017

Instructions:

Professional Standards Met	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Available Resources	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	1	'		1			1		

The first bolded box of columns describes the standard to be met in your professional role, along with the criteria for evaluating competence.

The second bolded box provides a space for rating performance on each of the criteria for a given competency. The rating scale is provided below.

The third bolded box provides a space to list available resources and recommended activities to support your learning goals, as well as a place to document your progress on these goals.

CAPE Tool Rating Scale:

Need Learning & Practice

This column reflects whether you know the concepts and skills required for effective performance of a particular action.

- If you have acquired this knowledge/skill through prior education or on-the-job learning, leave this one blank.
- If you need further learning and practice, mark a ✓

Knowledgeable, But Need Practice

This column reflects your ability to apply your knowledge/skill in changing practice situations.

- If you have the background knowledge, and have had several opportunities to successfully apply your knowledge or perform a skill in clinical practice, leave this one blank.
- If you have the knowledge, but need more practice to feel confident and competent, mark a ✓

Competent

This column applies to you if you have the required knowledge/skill and have had several opportunities to successfully apply it in practice.

• Mark a ✓ under this one if you can perform a particular action independently and effectively in a variety of situations.

Expert/Help Others Learn

- Mark a ✓ under this one if you have a thorough knowledge base and are competent, confident and effective in performing a particular action in complex situations.
- You are able to act as a preceptor or mentor with other clinicians who are learning this knowledge or skill.



and workplace policies.

NMP PROGRAM/ SEATING DEVICES TECHNICIAN CAPE Tool February 2017

Name:	Date initiated:
These competencies should be used in co	junction with other documents and competencies including role /job description, inter-professional practio

1. Knowledge of population and technologies: Demonstrates a working knowledge of the equipment and materials used for fabrication of positioning and mobility equipment and resources available to interface technology with the population served

Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	Population Knowledge Have a general understanding of populations/diagnoses that require seating and mobility equipment Identifies key resources to provide population information required to interface technology with child/youth needs.					Websites: CanChild: Cerebral Palsy (CP) What is CP? CP and the Brain GMFCS Child Development: Health Conditions BC wheelchair provision guide for	Review learning resources. Collaborate with clinicians Review common diagnoses that require positioning and mobility and what are the common needs		
	Describe basic anatomy and biomechanics Describe basic principles of positioning Describe the role of the Seating Devices Technician as well as other members of the Positioning and Mobility					children and adults with neuromuscular conditions Wheeled Mobility ICF e-tool	Understand medical terminology as related to seating and mobility Observe full seating assessments with therapist and		



Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	Team.					E-learning courses • Movement disorders Print books: Special Seating: An Illustrated Guide (Zollars, 2010) (near technician desks) Teamsite: • Biomechanics presentation (by Dave) • Dynamic Posture Control (by Dave) W drive: SH_PMT PMT procedural manual	Participate in seating assessments.		
	Technology knowledge Describe the common types of mobility equipment (manual and power – i.e wheelchairs, standers, walkers etc) including specifications and maintenance procedure. Describe the scope of commercially available speciality equipment (headrests, dynamic components and specialty					Technology knowledge Websites: Seating and Mobility • Equipment Equipment Vendors (with selection of pediatric equipment) • Advanced Mobility • HME • Motion Specialties RESNA position papers	Technology knowledge Review equipment websites Attend PMT equipment inservices and meetings Attend Rehab Equipment Expo and attend the International Seating Symposium (ISS)		



Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	positioning (lateral tilt, sit to stand) including use and limitations. Seek out regulations and standards for medical devices and equipment including beds, wheelchairs, walkers/gait trainers					RESNA wheelchair provision guide World Health Organization Guidelines for Provision of Manual Wheelchairs in Less Resourced Settings Wheelchair Service	Materials and fabrication processes knowledge Familarize with equipment in shop (both powered and		
	Articulate specifications, maintenance and any safety requirements or concerns related to use of equipment/devices.					Training Package, Basic Level Wheelchair Service Training Package, Intermediate Level	non) materials used (foam, wood, metal, plastics) Review processes on teamsite		
	Describes and demonstrates safe handling and operation of material and tools including maintenance.					Health CanadaRecalls and safety alerts	Shadow mentors (both technical and clinical) and observe		
	Materials and fabrication processes knowledge: Describe the approaches and practices of specialized seating construction and assembly including -marking and lay-up techniques -custom foam in place and foam in box -time frames for fabrication and fitting					Print books: (in therapist offices) • Manual Wheelchair Training Guide 2013 • Powered Wheelchair Training Guide 2002 V drive: • PCS User Guide • Lateral Tilt Resource	several seating and mobility assessments Participate in several seating and mobility assessments		



Level F/SP	Criteria	Need Learning & Practice	Knowledge able – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	Identify and describe various materials used for seating and mobility equipment and potential indications for use or contraindication.					Teamsite: • Regulations and Standards Material Fabrication Process knowledge Websites: Sunmate foam University of Pittsburg • Webinars • Foamology 101 Teamsite: • Foam in Box and PCS fabrication process • Custom ABS backs			
	Identify key resources related to funding guidelines including limits and terminology.					Websites: • At Home Program Guide (AHP) • CMERLS • Funding for children over 18 • Funding for new refugees W drive: SH_PMT • As Per letter requirements • PMT Procedural manual	Familiarize with funding through At Home Program and what is covered under "As Per Letter" Discuss funding issues and challenges with mentors (both technical and clinical)		



2. Assessment and measurement: Works in collaboration with clinician to provide technological expertise during assessment of child/youth with positioning and mobility needs.

Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	Demonstrate the ability to plan for and work effectively in varied environments (acute care, onsite, outreach) by: Participate in assessment process with therapist, providing measurements and suggestions regarding fabrication and materials Communicate with therapist as to client needs, what type of seating is desired, time required, materials to be used, particularly any specific needs in the various working contexts (i.e. acute care, outreach, onsite) Orchestrate packing and shipping of equipment/materials for outreach. Utilize required infection					E-learning courses • Seating Assessment W drive: SH_PMT • Spec form • Therapist worksheet • Seating Prescription Presentation Teamsite: • Bunny packing checklist Infection Control Policies Infection Control Manual • Routine Practices • Hand Hygiene • Personal Protective Equipment Work Order Management System	Review e-learning course and forms on W drive. Review Infection Control Policies and have in-person demonstration of using personal protective equipment Observation of mentor in planning, and assessment appointment with clinician. Participate with mentor in planning, and assessment appointment with clinician. Independently participate, with mentor supervision, in planning and assessment appointment with descent appointment with appointment with appointment with		



Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	control practices for various contexts.						clinician. Independently		
	Use work order management (WOM) software to provide accurate and timely quotations.						complete planning and assessment appointment with clinician seeking		
	Assess equipment for safety and integrity and provide recommendations.						consultation as required. Familiarize with WOM and observe, then assist and then independently create a quote using WOM		

3. Fabrication and equipment provision - Utilizes clinician prescription and measurements to fabricate, provide and fit seating and mobility equipment.

Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learninç Goals Me
	Collaborate with dealer/ therapist to fit commercial positioning and mobility					V drive: Innovation Database	Observe provision of commercial equipment with		



Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learninç Goals Me
	equipment						equipment vendor		
	Select and use tools for fabrication of positioning and mobility equipment safely and efficiently.						Observation of mentor in fabrication, fitting and finalizing process for positioning and mobility equipment		
	Fabricate custom positioning and mobility equipment ensuring product: • Meets child/family and therapist postural control goals including pressure control, mobility and function. • Is aesthetically acceptable. • Is durable and safe.						with clinician Participate with mentor in fabrication, fitting and finalizing process for positioning and mobility equipment with clinician. Independently participate, with		
	Perform custom modifications on equipment as prescribed by therapist, ensuring that safety and equipment warranty are carefully considered.						mentor supervision, in planning and fabrication, fitting and finalizing process for positioning and mobility equipment with clinician. Independently complete fabrication, fitting and finalizing		



Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learninç Goals Me
	Develop and provide instruction manuals for safety, use and care of equipment and devices.					V drive: PCS User Guide If loaning equipment: Checklist for loaning equipment (see therapy aide) Loan Equipment form (see therapy aide)	process for positioning and mobility equipment with clinician, seeking consultation as required.		

4. Sharing knowledge - Integrates and shares knowledge and expertise in material, equipment and fabrication of seating and mobility systems with team members, colleagues, children/families and community partners.

Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	Participates in educational discussions related to equipment and devices for children /youth with positioning and mobility needs.					Learning Hub – teaching and learning	Attend relevant internal and external education opportunities as available (e.g. inservices, workshops, Rehab		



Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	Provides education and support to technicians and other professionals regarding principles, fabrication, maintenance and adjustment of seating systems.						Equipment Expo and International Seating Symposium) Contribute to education and learning opportunities Iocal workshops conferences team meetings		

5. Evidence informed practice - Seeks out and evaluates information and evidence related to new positioning and mobility equipment and technologies and integrates relevant evidence into practice.

Level F/SP	Criteria	Need Learning & Practice	Knowledgeable – But Need Practice	Competent	Expert/Help Others Learn	Key Resources *Applies to all criteria (*See also supplementary resource list)	Recommended Learning Activities	Have I Done This? (√)	Date Learning Goals Met
	Develops and implements strategies to stay current with relevant technical information and evidence related to rehabilitation technologies.					Rehab Technology meetings PMT meetings	Attend PMT and Rehab technology Meetings Attend forums and		
	Participate in forums related to innovative technologies.						participate in discussion related to technology.		



SUPPLEMENTARY RESOURCES

Rehabilitation Engineering and Assistive Technology Society of North America (RESNA): http://www.resna.org/

International Seating Symposium

Vancouver (Sunny Hill): http://www.seatingsymposium.com/

Pittsburg: http://www.iss.pitt.edu/

Cushmaker (Richard Pascillas): http://www.cushmaker.com/