

Resources

RESNA Rehabilitation Engineering and Assistive Technology Society of North America

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KNOWLEDGE CENTER

Speech Generating Devices
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Position Papers, White Papers, and Provision Guides

A RESNA Position Paper or Clinical Practice is an official statement by the organization that, based on the consensus of experts and evidence summarizes current research and best-practice research in an area of Assistive Technology. These Position Papers or Clinical Practices, issued by the international professional organization, describe the necessary (medical and/or functional) of specific assistive technology devices and services under appropriate circumstances, and guide practitioners in decision making.

Procedures for the Development and Approval of RESNA Position Papers (PDF) [\(i\)](#)

Approved RESNA Position Papers

Title	Language	Date	Note
RESNA's Position on the Application of Power Mobility Devices for Pediatric Users (i)	English	November 2017	New Update
The Application of Seat Elevating Devices (i)	English	June 2010	
The Application of Tilt, Recline, and Elevating Legrests for Wheelchairs (i)	English	February 2010	New Update
• Posición de RESNA en la Aplicación de Inclinación, Reclinación y Elevación de los Reposapiernas para las Sillas de Ruedas (i)	Spanish	November 2010	New Update
The Application of Wheelchair Standing Devices (i)	English	December 2013	
• Posición de RESNA sobre la aplicación de dispositivos para estar de pie en sillas de ruedas (i)	Spanish	November 2010	New Update
RESNA's Position on Wheelchairs Used as Seats in Motor Vehicles (i)	English		New Update
The Application of Upright Manual Wheelchairs (i)	English	March 2012	
• Posición de RESNA sobre el uso de Sillas de Ruedas Manuales Upright (i)	Spanish	September 2010	New Update

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DALHOUSIE UNIVERSITY Faculty of Medicine
Inspiring Minds
Wheelchair Skills Program

HALIFAX, NOVA SCOTIA | CANADA

WHEELCHAIR SKILLS HOME
CONDITIONS OF USE
INTRODUCTION
SPOTTING
TESTING
TRAINING
EQUIPMENT
UPCOMING COURSES
PUBLICATIONS & IMPACT
PICTURES AND VIDEOS
ACCREDITATION
CERTIFICATION
FUNDING
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WHEELCHAIR SKILLS PROGRAM

nova scotia health authority

"Low tech, high impact"

This website deals with the Wheelchair Skills Program (WSP). The WSP includes the Wheelchair Skills Test (WST), the questionnaire version of the WST (WST-Q) and the Wheelchair Skills Training Program (WSTP). It is used to assess and train wheelchair users and/or their caregivers and clinicians.

Warning


The wheelchair skills described and illustrated on this website can be dangerous and result in severe injury if attempted without the assistance of trained personnel.




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Guidelines

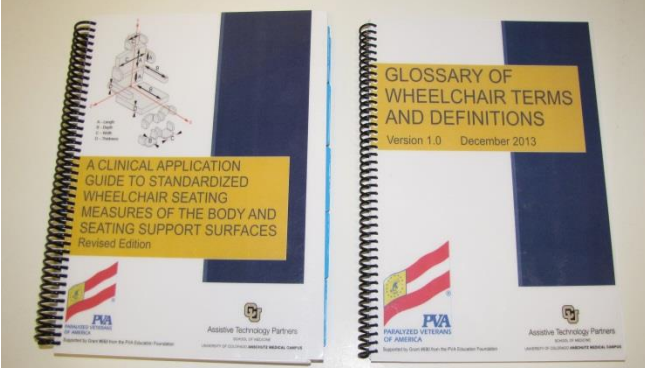
for the prescription of a seated wheelchair or mobility scooter for people with a traumatic brain injury or spinal cord injury.





A CLINICAL APPLICATION GUIDE TO STANDARDIZED WHEELCHAIR SEATING MEASURES OF THE BODY AND SEATING SUPPORT SURFACES
Revised Edition


GLOSSARY OF WHEELCHAIR TERMS AND DEFINITIONS
Version 1.0 December 2013




PIA PARALYZED VETERANS OF AMERICA
Assisted Technology Partners

Canadian Best Practice Guidelines for the Prevention and Management of Pressure Ulcers in People with Spinal Cord Injury

A Resource Handbook for Clinicians





Guidelines for the prescription of Manual Wheelchairs in less resource settings



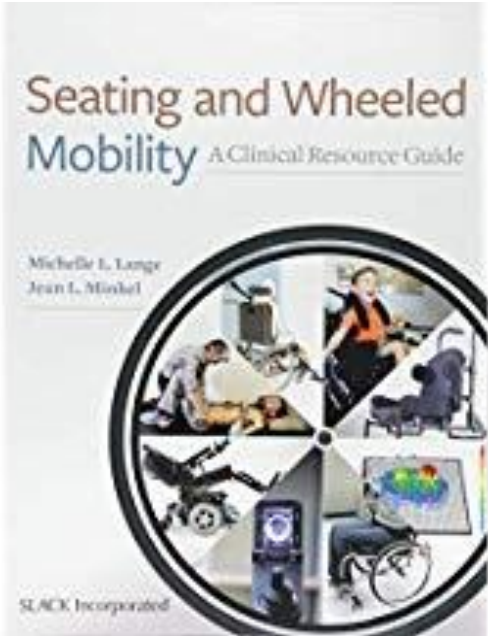
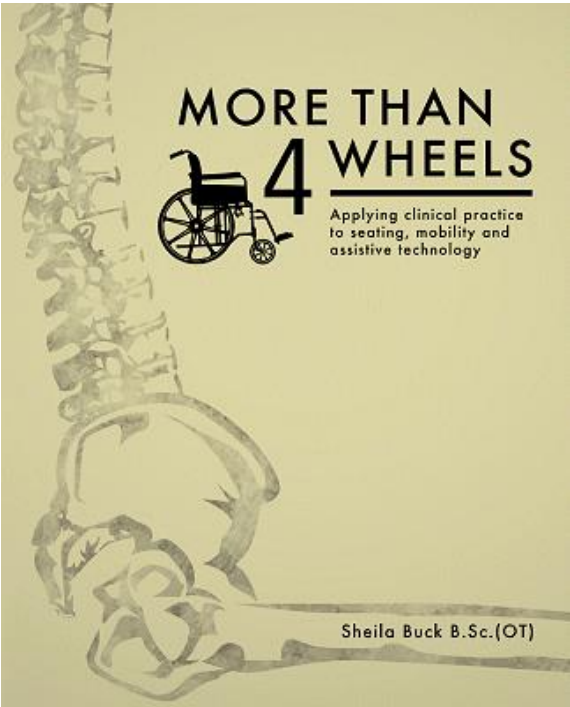


Impact on Occupational Therapists

- What does this mean for OTs?



Textbooks



International Society of WC Professionals



[https://wheelchairnetwork.org/courses/iswp
-basic-knowledge-test/](https://wheelchairnetwork.org/courses/iswp-basic-knowledge-test/)

The most complex intervention



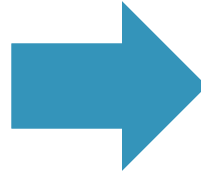
The Wheelchair Provision Process

1. Referral and appointment
2. Assessment
3. Prescription (selection)
4. Funding and ordering
5. Product (wheelchair) preparation
6. Fitting
7. User training
8. Maintenance, repairs and follow-up



The Wheelchair Provision Process

1. Referral and appointment
2. Assessment
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Screen

When to refer

Required information



The Wheelchair Provision Process

1. Referral and appointment
2. Assessment
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7. User training
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Structured

Thorough



Assessment

- International Classification of Function and the assessment :
 1. Body structure and function
 2. Activities and participation
 3. Environment and current device

Must Have an Assessment Form

	Toronto Rehabilitation Institute A University of Toronto Teaching and Research Hospital <input type="checkbox"/> HC <input type="checkbox"/> LC <input type="checkbox"/> BC <input type="checkbox"/> RC <input type="checkbox"/> UC
	Initial Seating Assessment Form

Ask patient whether they are presently working with a team (i.e., therapist or vendor) for same referral reason

Date of Assessment:	Consent Obtained From:
People Present:	
Diagnosis and History:	
Medications:	
Patient's Concerns (likes/dislikes re: current w/c):	
Reason for Referral:	
CURRENT SEATING	
<input type="checkbox"/> Hospital Assessment Chair <input type="checkbox"/> Privately owned chair	
Purchase Date:	Vendor:
<input type="checkbox"/> ADP <input type="checkbox"/> Other funding	
<input type="checkbox"/> Manual <input type="checkbox"/> Power <input type="checkbox"/> Tilt <input type="checkbox"/> Recline <input type="checkbox"/> Elevating legs seat function access method:	<input type="checkbox"/> Seat Cushion (type, size, modifications):
Make & Model:	Date of ADP:
Width & depth:	<input type="checkbox"/> Seat Base:
Seat rail to floor height at front: at back:	<input type="checkbox"/> Lateral Thigh Supports:
Arm supports (height, depth, width, type):	<input type="checkbox"/> Medial Thigh Supports:
Foot supports (depth, width, type, assembly):	<input type="checkbox"/> Pelvic Support
Lower Leg Support (calf strap, heel loops):	<input type="checkbox"/> Back Support (type, size, modifications):
Wheels (size, type of tire):	Date of ADP:
Casters:	<input type="checkbox"/> Laterals Trunk Support(s):
Driving Method and Input:	<input type="checkbox"/> Chest Support:
Special Features: (rims, wheel locks, back canes)	<input type="checkbox"/> Head Support (Size, type, assembly)
	<input type="checkbox"/> Tray:
	<input type="checkbox"/> Other Mobility Devices used:

Other comments (describe condition of the equipment, what is requiring repair, maintenance history, etc.):

Date: _____ Signature & Position: _____



Intermediate Wheelchair Assessment Form

This form is for assessment of wheelchair users who cannot sit upright comfortably without support. Wheelchair users who can sit upright easily can be assessed by a person with basic level training. Keep this form in the wheelchair user's file.

Assessor's name: _____ Date of assessment: _____

1: Assessment Interview

Information about the wheelchair user

Name: _____ Number: _____

Age: _____ Male Female

Phone no.: _____ Address: _____

Goals: _____

Physical

Diagnosis: Brain Injury Cerebral Palsy Muscular Dystrophy Polio Spina Bifida

Spinal Cord Injury Stroke Unknown Other

Is the condition likely to become worse? Yes No

Physical Issues: Frail Spasms/uncontrolled movements Muscle tone (high/low)

Lower limb amputation: R above knee R below knee L above knee L below knee

Fatigue Hip dislocation Epilepsy

Problems with eating, drinking and swallowing Describe: _____

Pain Describe location: _____

Bladder problems Bowel problems

If the wheelchair user has bladder or bowel problems, is this managed? Yes No

Lifestyle and environment

Describe where the wheelchair user will use their wheelchair:

Distance travelled per day: Up to 1 km 1-5 km More than 5 km

Hours per day using wheelchair: Less than 1 1-3 3-5 5-8 more than 8

When out of the wheelchair, where does the wheelchair user sit or lie down and how (posture and surface)?

Transfer: Independent Assisted Standing Non-standing Lifted Other

Type of toilet (if transferring to a toilet): Squat Western Adapted

Does the wheelchair user often use public/private transport? Yes No

If yes, then what kind: Car Taxi Bus Other _____

Existing wheelchair (if a person already has a wheelchair)

Does the wheelchair meet the user's needs? Yes No

Does the wheelchair meet the user's environmental conditions? Yes No

Does the wheelchair provide proper fit and postural support? Yes No

Is the wheelchair safe and durable? (Consider whether there is a cushion) Yes No

Does the cushion provide proper pressure relief (if user has pressure sore risk)? Yes No

Comments: _____

If yes to all questions, the user may not need a new wheelchair. If no to any of these questions, the user needs a different wheelchair or cushion; or the existing wheelchair or cushion needs repairs or modifications.

The Wheelchair Provision Process

1. Referral and appointment
2. Assessment
3. Prescription
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8. Maintenance, repairs and follow-up



Clinically appropriate options

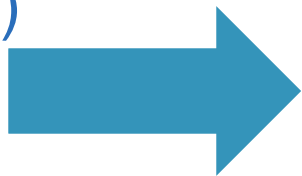


Equipment Recommendation/Prescription



The Wheelchair Provision Process

1. Referral and appointment
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3. Prescription (selection)
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Know the criteria
Explore other options



The Wheelchair Provision Process

1. Referral and appointment
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Based on assessment
Set up in advance



The Wheelchair Provision Process

1. Referral and appointment
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Prescription meets need



The Wheelchair Provision Process

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Prescription meets need

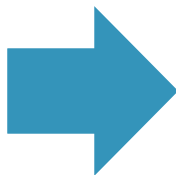


Training

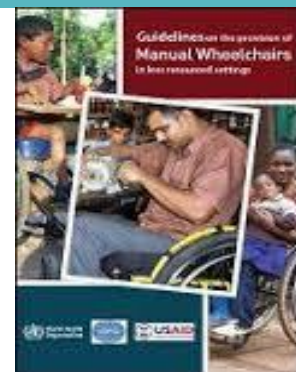


The Wheelchair Provision Process

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Prescription meets need



Maintenance and Repairs



I Have a Problem With My Wheelchair... Who Should I Call?



Type of Wheelchair _____ Manual _____ Power _____

Make/Model _____

Date Received _____

Vendor Rep + Phone # _____

Service Department Phone # _____

Prescribing Therapist Name : _____

Phone number: _____

RED FLAG	CONTACT THERAPIST	CONTACT VENDOR
Redness on skin caused by your cushion/seating equipment - This is very important to address!	✓	
Deterioration of your posture - Slouching - Sliding - Sitting balance	✓	
Seating equipment causes a negative impact on function - Having difficulty performing everyday tasks	✓	
Cushion and/or backrest are broken beyond repair or over 2 years old. Wheelchair is not worth repairing due to regular use and its age.	✓	
Equipment maintenance and repairs needed - Brakes are loose - Flat tire - Squeaking - Dead batteries - Hazards/dangers		✓

**If you are receiving OW or ODSP benefits call your worker to request a repair requisition. They will require the name of the vendor.

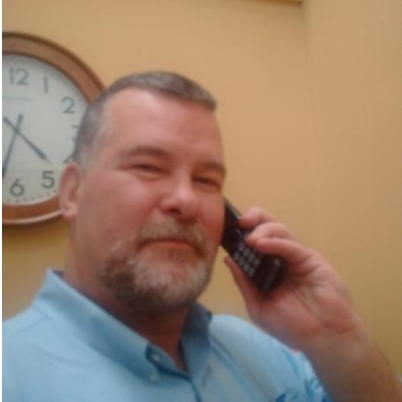
ODSP Worker Name + Phone # _____

** IF you have been discharged and no longer have a therapist you may need to be referred to a seating service by your family doctor.

Follow-up



A Team Approach



Distributor



Sales Rep



Manufacturer



The Resources



Clinical expert

The Primary team member



“The most important part of my rehab was my wheelchair.”

independence

comfort

good health

- www.resna.org < knowledge-center < position papers and service provision guides

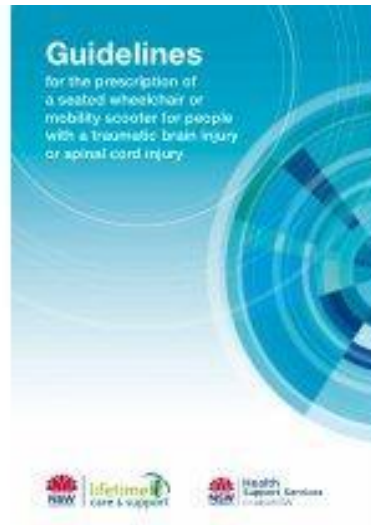


HOW TO FIND IT

- [www.resnhttp://www.wheelchairskillsprogram.ca/eng/index.php](http://www.wheelchairskillsprogram.ca/eng/index.php) <



The screenshot shows the homepage of the Wheelchair Skills Program website. At the top left is the Dalhousie University logo with the tagline "Inspiring Minds". To the right is the "Faculty of Medicine Wheelchair Skills Program" header. Below this is a navigation menu with links such as "WHEELCHAIR SKILLS HOME", "CONDITIONS OF USE", "INTRODUCTION", "SPOTTING", "TESTING", "TRAINING", "EQUIPMENT", "UPCOMING COURSES", "PUBLICATIONS & IMPACT", "PICTURES AND VIDEOS", "ACCREDITATION", "CERTIFICATION", "FUNDING", "DONATIONS", "GAMES", "RELATED SITES", and "CONTACT US". A search bar is located in the top right corner. The main content area features the "WHEELCHAIR SKILLS PROGRAM" logo, the Nova Scotia Health Authority logo, and a quote: "Low tech, high impact". Below the quote is a paragraph describing the program and a photograph of a person in a wheelchair being assisted by another person. A "Warning" section is also present, stating that the skills described can be dangerous if attempted without trained personnel. The footer includes social media icons for Facebook and Twitter, and a copyright notice for 2012 by Dalhousie University.

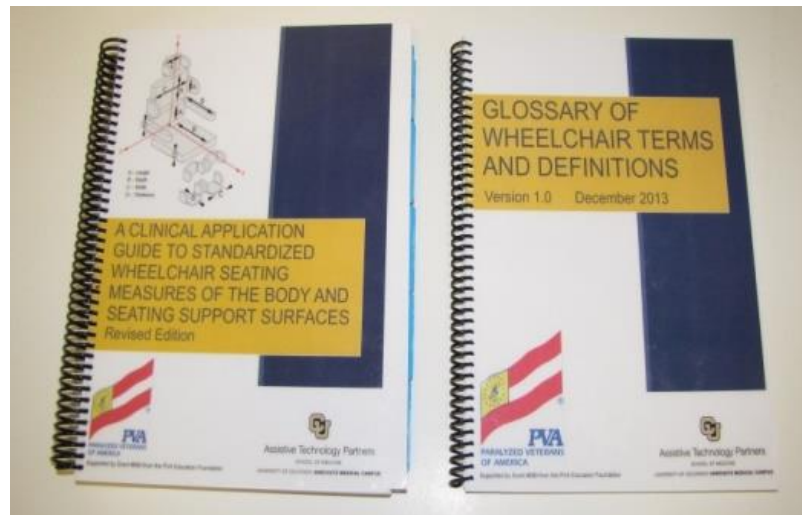


- https://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0003/167286/Guidelines-on-Wheelchair-Prescription.pdf

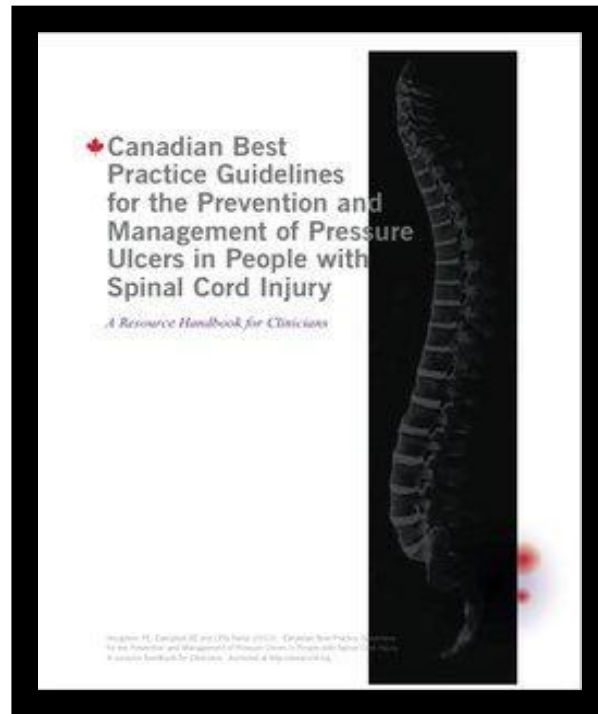


- Free online module: video, forms, prompts...
- Google: Spinal Seating Professional Development
- <http://www.aci.health.nsw.gov.au/networks/spinal-cord-injury/spinal-seating>

- www.assistivetechologypartners.org <
resources <wheelchair seating



- http://onf.org/system/attachments/168/original/Pressure_Ulcers_Best_Practice_Guideline_Final_web4.pdf



- Appendix of the “Canadian Best Practice Guidelines for the Prevention and Management of Pressure Ulcers in People with Spinal Cord Injuries”

» OR

- <http://www.hsc.mb.ca/files/sss-pressuremgmt.pdf>

Pressure Management Assessment Tool (PMAT)
Version 1.0 March 2012

Client name: _____ Date: _____

PART 1: INTERVIEW

The following section should be completed by a clinician. Please have your client and/or caregivers involved with pressure management care answer all of the questions below. All information collected in this section is meant to be client and/or caregiver report only. Part 2 will involve actual evaluation of client performance related to each of the areas identified in Part 1.

Pressure Ulcer History

1. Where is (are) your current pressure ulcer(s) located? Check all that apply:			LIKELY CAUSE	LENGTH OF TIME WITH ULCER	HAS ULCER DETERIORATED OR IMPROVED SINCE DEVELOPING?
LOCATION	YES	NO			
Neckal Tubercle (Joltchik lesion)	Right <input type="checkbox"/>	Left <input type="checkbox"/>			
Greater Trochanter (hip bone)	Right <input type="checkbox"/>	Left <input type="checkbox"/>			
Cheek (earbone)					
Scapula (above shoulder)					
Heel	Right <input type="checkbox"/>	Left <input type="checkbox"/>			
Other areas of lower limb Describe:	Right <input type="checkbox"/>	Left <input type="checkbox"/>			
Elbow	Right <input type="checkbox"/>	Left <input type="checkbox"/>			
Scapula (shoulder blade)	Right <input type="checkbox"/>	Left <input type="checkbox"/>			
Cropper (back of head)					
Other Describe:					

PMAT developed by Jennifer Barr, OT Reg (ON), Specialized Seating and Mobility Clinical Specialist,
Rehabilitation Services Program, Health Services Centre, Winnipeg, Manitoba, Canada Oct 2011

PMAT compiled by:

- www.who.int/disabilities/publications/technology/wheelchairguidelines

