

Wheelchair Assessment Form (Intermediate Level)

For assessment of wheelchair user who cannot sit upright comfortably without support.
Keep this form in the wheelchair user's file.

Assessor's name: _____ Date of assessment _____

1: Interview

Information about the wheelchair user

Name: _____ Client number: _____
Age: _____ Male Female
Phone no.: _____ Address: _____

Goals: _____

Physical

Diagnosis: Brain Injury Cerebral Palsy Muscular Dystrophy Polio Spinal Bifida
Spinal Cord Injury Stroke Unknown Other _____

Is the condition likely to become worse? Yes No

Physical issues: Amputation: R above knee R below knee L above knee L below knee

Frail Spasms Uncontrolled movements Fatigue Hip dislocation

Problems with eating, drinking or swallowing If yes, describe: _____

Pain If yes, where: _____ Bladder problems Bowel problems If the Client has bladder or bowel problems, is this managed?

Lifestyle and environment

Describe where client will use their wheelchair: _____

Distance travelled: 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 hours

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

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 transport? Yes No : Car Public Transport

Existing wheelchair (if the user already has a wheelchair)

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

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

Is the wheelchair in good condition? Yes No is the cushion in good condition? Yes No

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

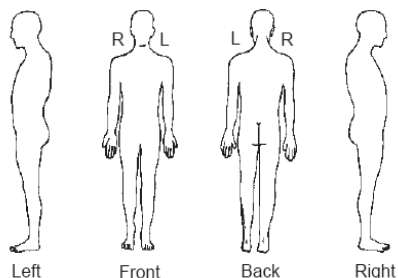
Comments: _____

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 repair or modifications.

2: Physical Assessment (transfer to therapy bed)

Presence, risk or history of pressure sores

/// = does not feel O = previous pressure sore
● = existing pressure sore



Can feel normally? Yes No
 Previous pressure sore? Yes No
 Current pressure sore? Yes No
 If yes, is it an open sore
 (stage 1 – 4)? Yes No
 Duration and cause: _____

Is this person **at risk*** of a pressure sore? *A person who cannot feel or has 3 or more risk factors is at risk. Risk factors: cannot move, moisture, poor posture, previous / current pressure sore, poor diet, ageing, under or over weight. Yes No

Method of pushing

How will the wheelchair user push their wheelchair? Both arms Left arm Right arm
 Both legs Left leg Right leg Pushed by a helper

Sitting posture without support

Describe or draw sitting posture:

Pelvis and hip posture screening

Check if pelvis is level and hip flexion range in lying
 Can pelvis be levelled? Yes No
 Hip flexion neutral for sitting:
 Right: Yes No Angle: _____
 Left: Yes No Angle: _____
 If pelvis is not level or hips cannot bend to neutral for sitting – accommodate with temporary support.

Hand simulation: Support needed to sit upright / close to upright as is comfortable

For each body part: If neutral posture is possible **with hand support**, tick yes. If not, describe final posture **with hand support** and describe the support that is provided by hands.

Part	Yes	No	Final posture:	Support/accommodation provided with hands:
Pelvis	<input type="checkbox"/>	<input type="checkbox"/>		Side <input type="checkbox"/> Back <input type="checkbox"/> Front <input type="checkbox"/> If un-level - L <input type="checkbox"/> R <input type="checkbox"/>
Trunk	<input type="checkbox"/>	<input type="checkbox"/>		Side <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Tilt <input type="checkbox"/>
Arms	<input type="checkbox"/>	<input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Head	<input type="checkbox"/>	<input type="checkbox"/>		Base of skull <input type="checkbox"/> Sides <input type="checkbox"/>
L Hip	<input type="checkbox"/>	<input type="checkbox"/>		Accommodation <input type="checkbox"/>
R Hip	<input type="checkbox"/>	<input type="checkbox"/>		Accommodation <input type="checkbox"/>
Thighs	<input type="checkbox"/>	<input type="checkbox"/>		Outside L <input type="checkbox"/> R <input type="checkbox"/> Inside L <input type="checkbox"/> R <input type="checkbox"/>
L lower leg	<input type="checkbox"/>	<input type="checkbox"/>		Lower leg (knee) <input type="checkbox"/> Foot <input type="checkbox"/>
R lower	<input type="checkbox"/>	<input type="checkbox"/>		Lower leg (knee) <input type="checkbox"/> Foot <input type="checkbox"/>

→ Complete intermediate prescription and measurement form

Wheelchair Prescription and Measurement Form (Intermediate Level)

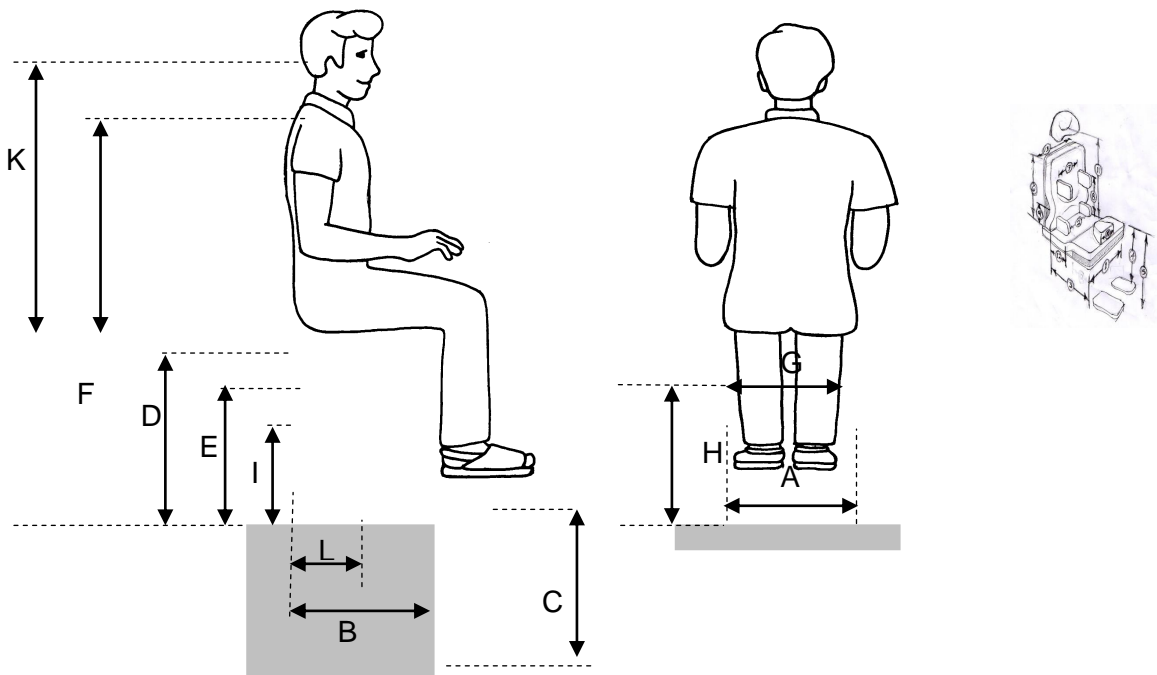
1. Wheelchair user Information

Wheelchair user's name: _____ Client number: _____

Date of assessment: _____ Date of fitting: _____

Practitioner's / Assessor's name: _____

2. Measurements



	Body Measurement	mm	Component
Seat width, depth and footplate height			
A	Hip width		Seat width; pelvis side pads
B	Back of pelvis to back of knee	L	Seat depth
		R	
C	Calf length	L	Footplate height (or seat height for foot propelling)
		R	
Backrest height			
D	Seat to bottom of shoulder blade		Standard backrest
E	Seat to bottom of rib cage		Medium backrest
F	Seat to top of shoulder		High backrest
Modifications and / or postural support			
G	Trunk width		Side trunk supports or wedges
H	Seat to armpit (axcila)	L	Side trunk supports
		R	
I	Seat to top of pelvis		Rear pelvis pad, side pelvis pads
J	Distance between knees		Width of knee separator pad (abductor)
K	Seat to base of skull		Mid-position of head rest (check at fitting)
L	Back of pelvis to seat bones		Location of pre seat bone shelf

Other			

3. Type of wheelchair and size selected

Type of wheelchair	Size (seat width and depth)
Type A:	<input type="checkbox"/>
Type B:	<input type="checkbox"/>
Type C:	<input type="checkbox"/>

Does the wheelchair require modifications or additional PSDs? Yes No

Description:

Frame:	Folding <input type="checkbox"/>	Fixed / rigid <input type="checkbox"/>	Frame length	
Backrest:	Slung / canvas <input type="checkbox"/>	Solid <input type="checkbox"/>	Tension Adjustable	<input type="checkbox"/>
Seat:	Slung / canvas <input type="checkbox"/>	Solid <input type="checkbox"/>	Tension Adjustable	<input type="checkbox"/>
Cushion:	No cushion <input type="checkbox"/>	Flat foam <input type="checkbox"/>	Foam Contoured	<input type="checkbox"/>
Footrest:	Swing away <input type="checkbox"/>	Fixed <input type="checkbox"/>	Other:	
Castor wheel:		Diameter:		
		Width:		
Rear wheel:	Pneumatic <input type="checkbox"/>	Diameter:	Push rims	<input type="checkbox"/>
	Solid <input type="checkbox"/>	Width:	Adjustable axle	<input type="checkbox"/>
	Solid inner tube: <input type="checkbox"/>		Removable	<input type="checkbox"/>
Brake:	Short lever <input type="checkbox"/>	Long lever <input type="checkbox"/>	Other:	
Arm-rest:	Curved <input type="checkbox"/>	Square <input type="checkbox"/>	Other:	
Push handles:	Push handles <input type="checkbox"/>			
Extra parts / PSDs:	Lap strap <input type="checkbox"/>	Calf strap <input type="checkbox"/>	Shoulder harness	<input type="checkbox"/>
	Foot straps <input type="checkbox"/>	Anti-tip bars <input type="checkbox"/>	Trunk side pads	<input type="checkbox"/>
	Tray <input type="checkbox"/>	Head rest <input type="checkbox"/>	Pelvis side pads	<input type="checkbox"/>
	Other:			

Measurements, adjustment options and range of adjustment:

	Measurement (if the wheelchair is available in different sizes list all sizes)	Is this adjustable?		Range of adjustment (adjustment range that is possible for this chair).
		Yes	No	
Seat width		<input type="checkbox"/>	<input type="checkbox"/>	
Seat depth		<input type="checkbox"/>	<input type="checkbox"/>	
Seat height		<input type="checkbox"/>	<input type="checkbox"/>	
Backrest height		<input type="checkbox"/>	<input type="checkbox"/>	
Backrest angle		<input type="checkbox"/>	<input type="checkbox"/>	
Footplate height		<input type="checkbox"/>	<input type="checkbox"/>	
Footplate angle		<input type="checkbox"/>	<input type="checkbox"/>	
Push handle height		<input type="checkbox"/>	<input type="checkbox"/>	
Frame length		<input type="checkbox"/>	<input type="checkbox"/>	
Wheel base length		<input type="checkbox"/>	<input type="checkbox"/>	

4. Type of cushion selected

Type of cushion	Size (seat width and depth)
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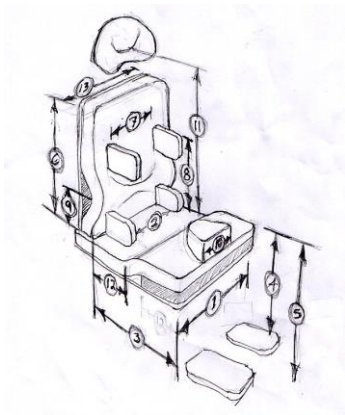
Pressure relief cushion	<input type="checkbox"/>	
Other cushion	<input type="checkbox"/>	

Does the cushion require modifications? Yes No

5. Postural supports or modifications required

Refer to the PSD and Modifications overview table. Make a sketch on a separate page with measurements to help communicate what is needed to whoever will prepare the wheelchair and PSDs.

Pelvis	
Trunk	
Arms	
Head	
Hips	
Thighs	
Lower legs	
Feet	
Other	





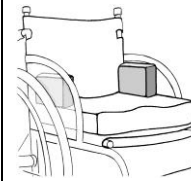
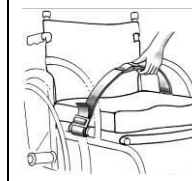
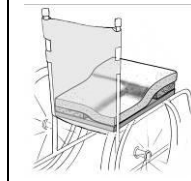

6. Agreement

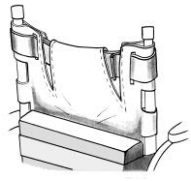
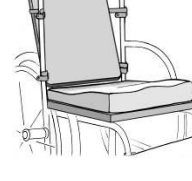
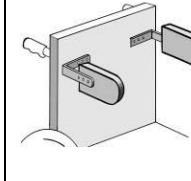
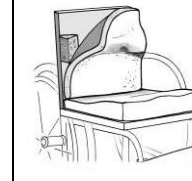
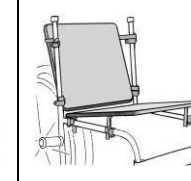

Signature of wheelchair user:



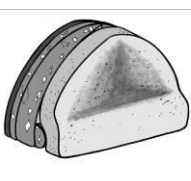

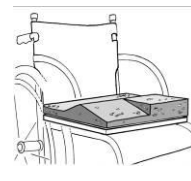
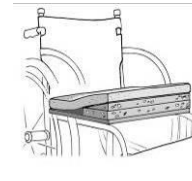
Signature of assessor:

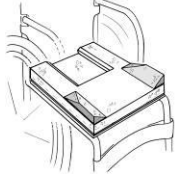
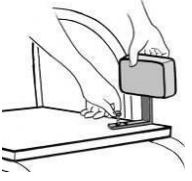
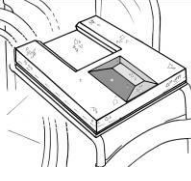

Signature of wheelchair service manager:




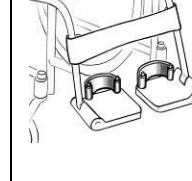
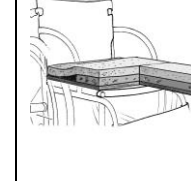
Postural support devices or modifications: overview

Pelvis					
					
Pre seat bone shelf	Rear pelvis pad	Pelvis side pads	Pelvis strap	Build up under pelvis	Recline back

Trunk					
					
adjust back rest for trunk / TAB	recline back	trunk side supports	trunk side wedges	tilt seat & back	shoulder harness

Trunk / arms	Head	Hips			
					
tray	Flat head support	Shaped head support	recline back	lower seat front (one side)	raise seat front

Thighs			
			
Outside thigh support wedges	Outside thigh support pads	Inside thigh wedge	Knee separator pads




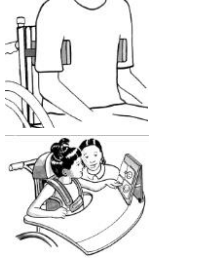



Lower legs				
				
foot build up	foot wedges	calf straps	foot straps	lower leg support

Wheelchair fitting checklist

1. Is the wheelchair ready?

Has the wheelchair been checked to make sure it is safe to use and all parts are working?	<input type="checkbox"/>
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2. Check wheelchair and postural supports fit

<p>Wheelchair width:</p> <ul style="list-style-type: none"> ○ Hips fit comfortably between arm rests or side pelvis pads ○ Trunk fits comfortably between back posts or trunk side supports ○ Thighs fit comfortably between the arm rests, mud / skirt guards or side pelvis pads 		<input type="checkbox"/>
<p>Seat depth:</p> <ul style="list-style-type: none"> ○ Two fingers gap between the back of each knee and the seat / cushion. 		<input type="checkbox"/>
<p>Pelvis:</p> <ul style="list-style-type: none"> ○ Pre seat bone shelf sits just in front of the seat bones (feel) ○ Rear pelvis pad provides support at the PSIS ○ Pelvis side pads fit snugly and are not located over the hip joint ○ Lap strap can be tightened firmly; does not pinch skin 		<input type="checkbox"/>
<p>Trunk:</p> <ul style="list-style-type: none"> ○ Side trunk supports do not place any pressure into the armpit. At least 5 cm between armpit and top of side trunk support ○ Shoulder harness can be done up comfortably; does not pinch skin ○ Tray supports the length of the forearm and elbows and does not push on stomach ○ Check backrest height and tilt when assessing posture (step 3) 		<input type="checkbox"/>
<p>Head support:</p> <ul style="list-style-type: none"> ○ Head support height: Provides support at the base of the wheelchair user's skull ○ Supports the head in a balanced and upright posture. 		<input type="checkbox"/>
<p>Thighs:</p> <ul style="list-style-type: none"> ○ There is no high pressure on side thigh pads or knee separator pads ○ Knee separator pads at least four fingers away from the groin area 		<input type="checkbox"/>
<p>Footplate and foot supports:</p> <ul style="list-style-type: none"> ○ Foot plate height: Check feet supported flat on the footplates (if possible) and thigh supported on the cushion ○ Foot straps can be done up firmly without pinching ○ Calf straps and heel straps supporting calf and feet as intended 		<input type="checkbox"/>

3. Check posture

Is the wheelchair user sitting as upright as possible or comfortable for them? Check from front and side:	
○ Is their pelvis upright and level – or as close to this as is comfortable for the user	<input type="checkbox"/>
○ Is the trunk upright and symmetrical – or as close to this as is comfortable for the user	<input type="checkbox"/>
○ Is the head balanced and upright (as much as possible)	<input type="checkbox"/>
○ Are legs and feet supported as close to neutral as possible.	<input type="checkbox"/>
Check that all PSDs are providing support as intended. In particular check:	
○ Backrest height, recline (if used) and contours	<input type="checkbox"/>
○ Tilt	<input type="checkbox"/>
○ Side pelvis and side trunk supports	<input type="checkbox"/>
○ Thigh and lower leg supports	<input type="checkbox"/>
Check posture again after 15 minutes to see if there has been any change	<input type="checkbox"/>

4. Check pressure

Do the pressure finger test under both seat bones Is the pressure safe on both sides?	<input type="checkbox"/>
Place your finger between the wheelchair user's body and each postural support. Include pads and straps. Does the postural support make even contact with the body? Is the pressure safe?	<input type="checkbox"/>
<p>Level one = safe: Finger tips can wriggle up and down 5mm or more.</p> <p>Level two = warning: Finger tips cannot wriggle, but can easily slide out.</p> <p>Level 3 = unsafe: Finger tips are squeezed firmly. It is difficult to slide fingers out.</p>	
If the wheelchair user has any particularly bony prominences, bulges or bumps – check there is no pressure on these areas.	<input type="checkbox"/>

5. Check fit while the wheelchair is moving

Does the backrest allow the wheelchair user freedom to move their shoulders to push?	<input type="checkbox"/>
Does movement of the chair or the action of pushing cause the wheelchair user to change their posture or feel uncomfortable or unstable in any way?	<input type="checkbox"/>
Hand propelling: Is the rear wheel position correct for the user to push as well as they can?	<input type="checkbox"/>
Foot propelling: Is the seat height and depth correct for the user to push with their leg / s?	<input type="checkbox"/>
Do the posture supports allow for unrestricted and safe wheelchair mobility?	<input type="checkbox"/>

6. Action?

Is there any further action necessary? Write any actions in the wheelchair user's file.	<input type="checkbox"/>
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Checklist: Is the Wheelchair Safe and Ready to Use?

Whole wheelchair including PSDs	
There are no sharp edges	<input type="checkbox"/>
No parts are damaged or scratched	<input type="checkbox"/>
The wheelchair travels in a straight line	<input type="checkbox"/>
Front castor wheels	
Spin freely	<input type="checkbox"/>
Spin without touching the fork	<input type="checkbox"/>
Bolts are tight	<input type="checkbox"/>
Front castor barrels	
Castor fork spins freely	<input type="checkbox"/>
Rear wheels	
Spin freely	<input type="checkbox"/>
Axle bolts are tight	<input type="checkbox"/>
Tyres inflated correctly (with thumb pressure, wheel can be depressed less than 5 mm)	<input type="checkbox"/>
Push rims are secure	<input type="checkbox"/>
Brakes	
Function properly	<input type="checkbox"/>
Footrest	
Footrest is securely attached	<input type="checkbox"/>
Frame	
For a folding wheelchair – the wheelchair folds and un-folds easily	<input type="checkbox"/>
For a wheelchair with fold down backrest – the backrest folds and un-folds easily	<input type="checkbox"/>
Cushion	
The cushion is in the cover correctly	<input type="checkbox"/>
The cushion is sitting on the wheelchair correctly	<input type="checkbox"/>
The cushion cover fabric is tight but not too tight	<input type="checkbox"/>
If the wheelchair has a solid seat: the cushion fully covers the solid seat	<input type="checkbox"/>

User instruction checklist

	Skills to Teach	Skills Taught
Wheelchair handling		
Folding and lifting the wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Taking off and putting back on any PSDs that need to come off for transport	<input type="checkbox"/>	<input type="checkbox"/>
Using quick release wheels	<input type="checkbox"/>	<input type="checkbox"/>
Using the brakes	<input type="checkbox"/>	<input type="checkbox"/>
Tilting and anti-tip bars (if used)	<input type="checkbox"/>	<input type="checkbox"/>
Correct position of an PSDs when the wheelchair user is in the wheelchair	<input type="checkbox"/>	<input type="checkbox"/>
Using the cushion including positioning correctly	<input type="checkbox"/>	<input type="checkbox"/>
Getting in and out of the wheelchair		
Independent transfer	<input type="checkbox"/>	<input type="checkbox"/>
Assisted transfer	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Wheelchair use and mobility		
Pushing correctly (using the wheelchair users preferred method)	<input type="checkbox"/>	<input type="checkbox"/>
Up and down a slope	<input type="checkbox"/>	<input type="checkbox"/>
Up and down a step	<input type="checkbox"/>	<input type="checkbox"/>
On rough ground	<input type="checkbox"/>	<input type="checkbox"/>
Part wheelie	<input type="checkbox"/>	<input type="checkbox"/>
How long to sit in the wheelchair (for children and adults with intermediate postural needs)	<input type="checkbox"/>	<input type="checkbox"/>
Assisted pushing	<input type="checkbox"/>	<input type="checkbox"/>
Preventing pressure sores		
Checking for pressure sores	<input type="checkbox"/>	<input type="checkbox"/>
Pressure relief lifts	<input type="checkbox"/>	<input type="checkbox"/>
Eat well and drink lots of water	<input type="checkbox"/>	<input type="checkbox"/>
What to do if a pressure sore develops	<input type="checkbox"/>	<input type="checkbox"/>
Looking after the wheelchair at home		
Clean the wheelchair; wash and dry the cushion and cushion cover	<input type="checkbox"/>	<input type="checkbox"/>
Oil moving parts	<input type="checkbox"/>	<input type="checkbox"/>
Pump the tyres	<input type="checkbox"/>	<input type="checkbox"/>
Tighten nuts and bolts	<input type="checkbox"/>	<input type="checkbox"/>
Tighten spokes	<input type="checkbox"/>	<input type="checkbox"/>
Check upholstery	<input type="checkbox"/>	<input type="checkbox"/>
Check for rust	<input type="checkbox"/>	<input type="checkbox"/>
Check the cushion	<input type="checkbox"/>	<input type="checkbox"/>
What to do if there is a problem		
Wheelchair needs repair	<input type="checkbox"/>	<input type="checkbox"/>
The wheelchair does not fit or is not comfortable	<input type="checkbox"/>	<input type="checkbox"/>