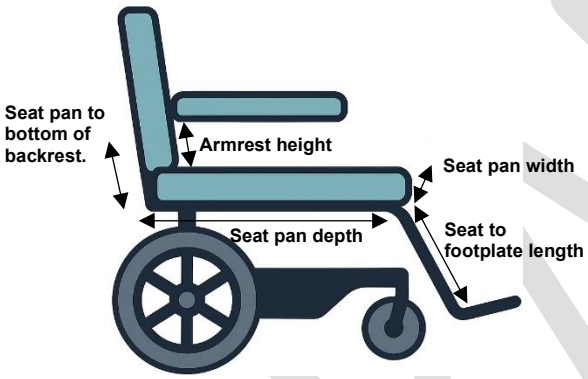
DO NOT WRITE IN THIS BINDING MARGIN

Metro South Health **Spinal Injuries Unit** **Power Wheelchair Set-up** Facility: Princess Alexandra Hospital	(Affix identification label here) URN: Family name: Given name(s): Address: Date of birth: Birth Sex: ☐ M ☐ F ☐ I

Therapist Name		**Date**	

Initial Set-Up

Chair Make/Model	
Backrest	
Cushion	



Seat pan width (in)	
Seat to footplate length (in)	
Seat pan depth (in)	
Backrest angle (°)	
Armrest Height (cm)	

Features

Footplates (swing away / centre mount)		Postural supports (e.g. thigh guards, chest/leg straps)	detail: size: S / M / L / XL
Leg rest hangers (heavy duty / standard; angle)		Controller type Joystick mounting Swing away	Type: Mounting side: L / R yes/no
Drive wheels/tyres		Switches	detail: location:
Armrest style		Speed Profiles	
Headrest type		Attendant control	yes/no

Power recline	yes/no	lock/unlock	Power elevate	yes/no	lock/unlock

Comments:

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Adjustments		
Date	Adjustments	Outcomes

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Metro South Health

Spinal Injuries Unit
Power Wheelchair Evaluation

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Birth Sex: ☐ M ☐ F ☐ I

Posture and seating

- ☐ Compatibility with backrest
- ☐ Compatibility with cushion
- ☐ Compatibility with accessories and postural supports
- ☐ Other:

Comments:

Set up (Dimensions)

Comments:

Secondary complication management

- ☐ Pain
- ☐ Autonomic dysregulation
- ☐ Oedema
- ☐ Spasticity
- ☐ Skin
- ☐ Other:

Comments:

Function

- ☐ Transfers
- ☐ Hoist
- ☐ Activities of daily living
- ☐ Carer access
- ☐ Respiratory cares
- ☐ Other:

Comments:

Bladder / Bowel function

Comments:

Operation – driving

- ☐ Suitability of controller – features, size, compatibility with vision
- ☐ Able to operate the features of the controller (on/off, modes, power features, speed, switches)
- ☐ Able to drive and control the chair as per skill training checklist
- ☐ Other:

Comments:

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Performance of the chair

- Suspension
- Torque
- Comfort
- Performance of drive wheels / castors in various environments
- Other:

Comments:

Features

- Powered (lift, tilt, recline, leg rests, standing)
- Arm rests
- Leg rests
- Other:

Comments:

AT compatibility

- Backrest
- Cushion
- Hoist
- Smart technology
- Mounts
- Connectivity
- Other:

Comments:

Environment compatibility

- Footprint of the chair
- Turning circle
- Own home – indoors (bathroom, laundry, bedroom, kitchen, access)
- Own home – outdoors (yard, driveway, kerb)
- Community: local amenities
- Community: footpaths, kerbs, camber, rough terrain
- Public transport and taxis
- Leisure and/or workplace
- Other:

Comments:

Other accessories

Comments:

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Metro South Health

Spinal Injuries Unit
Power Wheelchair Evaluation

(Affix identification label here)

URN:
Family name:
Given name(s):
Address:
Date of birth: Birth Sex: ☐ M ☐ F ☐ I

Power drive wheelchair trial record

Goals:

Location of trial:
(home, community, work, public transport, taxi, shops)

Positive features / impacts of the chair:

Negative features / impacts of the chair:

Comments (user, clinician, in/formal carers):

Summary:

Changes for next trial:

Therapist Name	.....	**Signature**	.....
Designation	.....	**Date**	.....

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