

## **WHEELCHAIR ASSESSMENT (Proposed draft)**

Resident's Name \_\_\_\_\_ Room number \_\_\_\_\_  
Primary diagnoses \_\_\_\_\_ Secondary Diagnoses \_\_\_\_\_  
Medications that affect mobility \_\_\_\_\_  
Admittance date \_\_\_\_\_ Date of Assessment \_\_\_\_\_  
By \_\_\_\_\_ Medical Profession \_\_\_\_\_

Please fill in the following questions from MDS assessments, personal interview with person, family members, or your own observations. This is not a scored assessment, but an assessment for you to use to determine if the person who has been or is going to be placed in a wheelchair for regular seating or mobility and is really appropriate for wheelchair placement at this time. Does the assessment support the medical conditions that justify the use of wheelchairs for transportation or does the assessment support the use of a wheelchair as a regular chair?

1. What was the person's favorite chair when person lived at home?
  - Arm chair \_\_\_\_\_
  - Recliner \_\_\_\_\_
  - Straight backed chair \_\_\_\_\_
  - Other \_\_\_\_\_
  
2. What was the person's daily ambulation pattern prior to the major medical incident that placed them in your facility?
  - Took a 2-3 block walk outside, daily \_\_\_\_\_
  - Walked around in house daily unassisted \_\_\_\_\_
  - Walked around house with assistance of cane \_\_\_\_\_
  - Walked around house with assistance of walker \_\_\_\_\_
  - Does not now walk \_\_\_\_\_ Why? \_\_\_\_\_
  
3. What was the medical incident that placed the person in your facility that changed the person's mobility status? \_\_\_\_\_  
Date of medical incident occurrence. \_\_\_\_\_
  
4. If person is presently using a wheelchair, how long have they used it? \_\_\_\_\_
  - One day \_\_\_\_\_
  - One week \_\_\_\_\_
  - Two weeks \_\_\_\_\_
  - One month \_\_\_\_\_
  
6. If person is in wheelchair now, what is the rational behind the decision?
  - a. Medical \_\_\_\_\_
  - b. Psychosocial \_\_\_\_\_
  - c. More independence \_\_\_\_\_
  
7. What is the person using the wheelchair for at this time?
  - a. Transportation/locomotion \_\_\_\_\_
  - b. Resting/sleeping at times \_\_\_\_\_
  - c. Mobility \_\_\_\_\_
  - d. Eating \_\_\_\_\_

- e. Watching TV \_\_\_\_\_
- f. Walking behind it \_\_\_\_\_

8. If the person is being considered for wheelchair use, what is the medical rationale? \_\_\_\_\_

9. What is the person's cognitive functional age? Use the MDS B2/ B4 to determine, or use the Allen Cognitive Level Scale, or the Clock RCCT to determine.

- a. 4.5 years \_\_\_\_\_
- b. 6.5 years \_\_\_\_\_
- c. 8.5 years \_\_\_\_\_
- d. 10.5 years \_\_\_\_\_
- e. 12.5 years \_\_\_\_\_
- f. 16.5 years \_\_\_\_\_
- g. Adult years \_\_\_\_\_

10. Is the person able to walk with?

- a. No-assistance \_\_\_\_\_
- b. Stand-by assistance \_\_\_\_\_
- c. Double assist \_\_\_\_\_
- d. Not at all \_\_\_\_\_

11. Is the person able to get from sit to stand?

- Independently? \_\_\_\_\_
- Stand-by assist \_\_\_\_\_
- Double assist \_\_\_\_\_
- Not at all \_\_\_\_\_

12. What is the medical/psychosocial justification for keeping this person in a wheelchair?

- Quadriplegic/paraplegic \_\_\_\_\_
- M-S diagnosis \_\_\_\_\_
- Huntington's disease \_\_\_\_\_ Lou Gering's disease \_\_\_\_\_
- Comatose \_\_\_\_\_ Brain injury \_\_\_\_\_
- Unresolved medical condition \_\_\_\_\_

13. What justified the use of the wheelchair for all activities and daily use?

- Eating \_\_\_\_\_
- Sleeping \_\_\_\_\_
- Watching TV \_\_\_\_\_
- Transportation \_\_\_\_\_
- Unresolved medical condition \_\_\_\_\_

14. If the reason is unresolved medical condition, when will the wheelchair use be reassessed for continued use?

- One day \_\_\_\_\_ Three days \_\_\_\_\_ One week \_\_\_\_\_ Two weeks \_\_\_\_\_

Sign here as to completion date of reassessment: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

15. Is the person presently walking or being walked in your facility for mobility?

- 1 X per day \_\_\_\_\_ 2 X per day\_\_\_\_ 3 X per day\_\_\_\_\_
- As requested by person \_\_\_\_\_ As desired by person \_\_\_\_\_

16. If person has been previously placed in wheelchair are they showing signs of:

- Decreased physical functioning\_\_\_\_\_ Decreased muscle condition\_\_\_\_\_
- Increased incidence of infections, skin abrasions, urinary tract infections\_\_\_\_\_
- Development of pressure sores\_\_\_\_\_
- Increased agitation and frustration\_\_\_\_\_
- Increased incontinence\_\_\_\_\_
- Increased falls and accidents\_\_\_\_\_ Increased head trauma due to falls\_\_\_\_\_
- Loss of dignity and respect\_\_\_\_\_ Loss of autonomy \_\_\_\_\_
- Increased withdrawal in social contacts\_\_\_\_ Increased depression\_\_\_\_\_
- Reduced social contact from others\_\_\_\_\_
- Decreased appetite\_\_\_\_\_ Increased weight loss \_\_\_\_\_ Increased dehydration\_\_\_\_\_
- Weakened bodily function-decreased lung capacity\_\_\_\_ Increased incidence pneumonia episode\_\_\_\_
- Decreased ability of perform ADL's\_\_\_\_
- Increased risk of edema, increased cardiac load, decreased blood flow\_\_\_\_\_
- Decreased tactile/sensory stimulation\_\_\_\_\_
- Loss of confidence\_\_\_\_\_ Loss of self respect\_\_\_\_\_
- Decreased body symmetry\_\_\_\_\_
- Decreased ability to stand and pivot, walk and turn\_\_\_\_ Loss of self-mobility\_\_\_\_
- Loss of bone density increases fracture potential\_\_\_\_\_
- Increased learned dependency\_\_\_\_\_
- Increased potential for early demise, give up on living\_\_\_\_\_
- Decreased physical, mental and psychosocial rehabilitation potential\_\_\_\_\_

17. How can this person be returned to previous admission status?

- Decrease use of wheelchair use for seating and mobility today\_\_\_\_\_
- Two days\_\_\_\_\_ reason for delay\_\_\_\_\_
- Three days\_\_\_\_\_ reason for delay\_\_\_\_\_

18. In the world of the person's normal home environment, wheelchairs are never the exclusive mobility seating device of choice. Cultural change in your environment is returning the person to normal life activities is the goal. Do you agree?\_\_\_\_\_

19. In order to make the return to normal standard of living activities happen, could the person's:

- Favorite chair from home be brought into the facility for person's use? \_\_\_\_
- Allow the person to use a walker instead of a wheelchair\_\_\_\_\_
- Allow the person to use a walker/chair combination?\_\_\_\_\_
- Allow the person to use a cane\_\_\_\_\_
- Allow the person to use a quad cane\_\_\_\_\_
- Allow the person to use an arm chair in the dining room\_\_\_\_\_
- Your suggestion for change in mobility status\_\_\_\_\_

Date mobility status changed from wheelchair use to independent mobility with or without additional devices\_\_\_\_\_



