Wheelchairs
Evaluation → Justification

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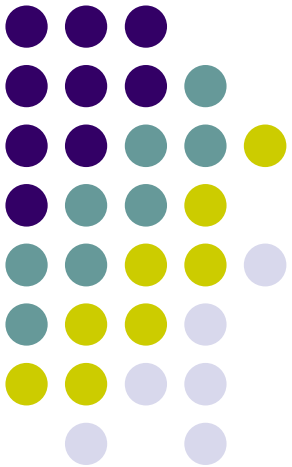
July 7, 2008



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Objectives

- Utilize the framework of the ICF to identify key points for an equipment evaluation.
- Recognize clinical need for wheelchairs for clients and match appropriate type of wheelchair.
- Understand the process of wheelchair ordering and justification
- Identify differences in insurance regulations as they relate to wheelchair ordering / selection.

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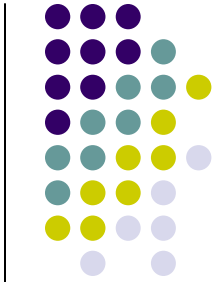
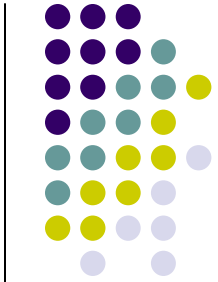
Identification of need



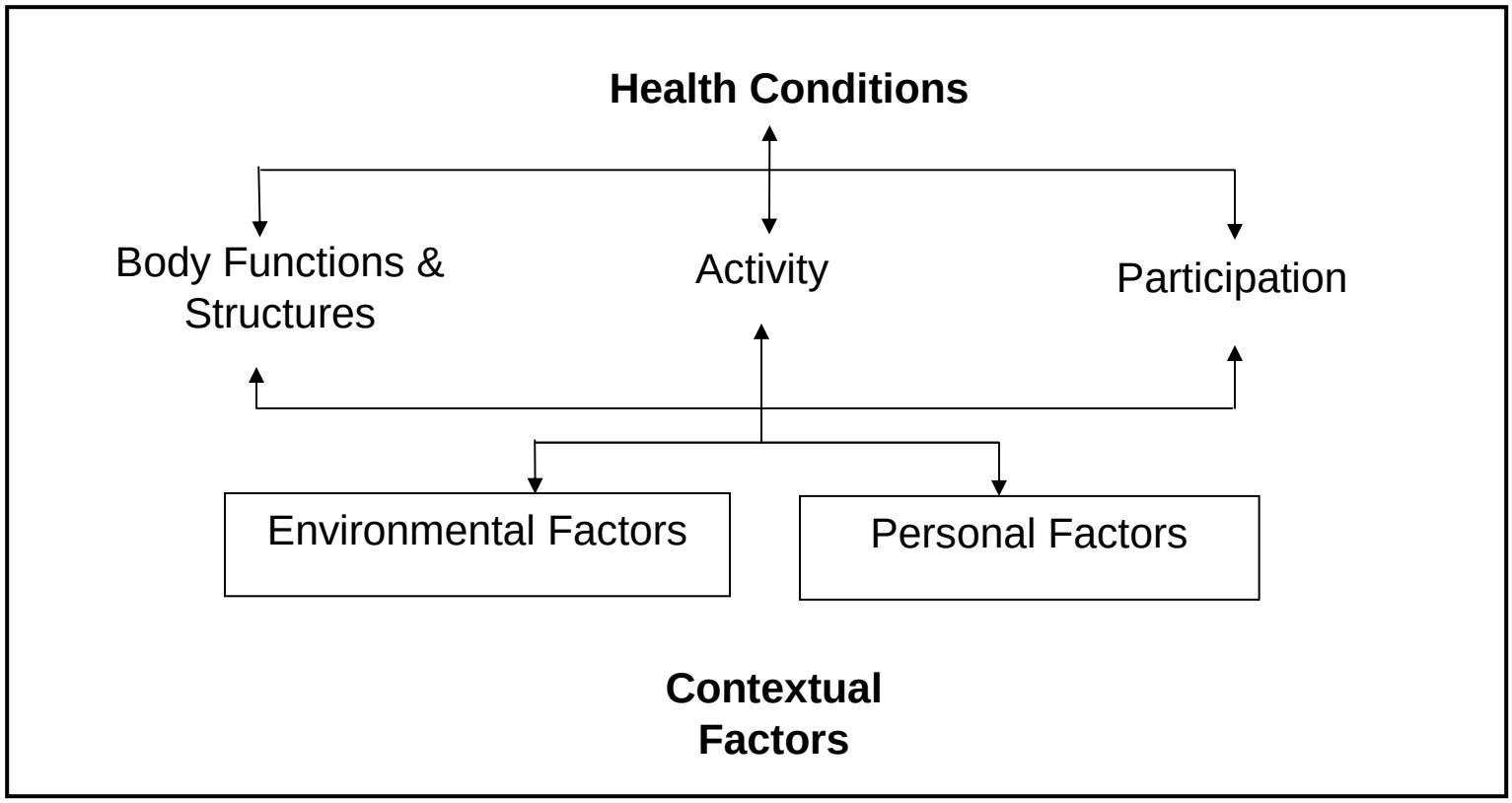
- Self referral
- Therapist
- MD
- Family member / Friend
- Co-worker / Vocational driven

Referral

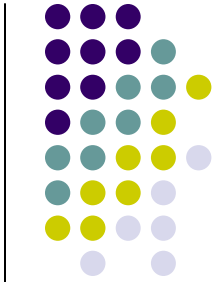


- Direct access
- MD referral for wheelchair evaluation
- Insurance issues

ICF


Health Conditions
Body Functions & Structures
Activity
Participation
Environmental Factors
Personal Factors
Contextual Factors

Health Conditions



- Body functions and structure
  - ROM, Strength
  - Gross and Fine-motor Coordination
  - Tone
  - Reflexes
  - Posture
  - Sensory and perceptual awareness

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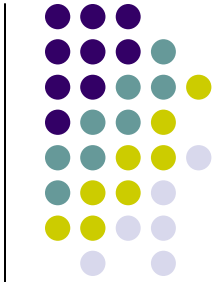
Health Condition



- Body Functions and structure:
  - Cognitive Domain
    - Learning
    - Orientation/memory
    - Safety and Judgment
    - Problem Solving skills
    - New Learning skills
    - Pathfinding skill

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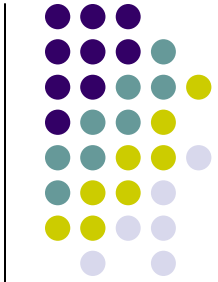
Activity



- Eating, grooming, dressing
- Bladder/bowel care
- Mobility – Ambulation / Transfers
- Exercises
- Endurance
- Reading/Writing
- Communication

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Participation

- Home management
- Child rearing/ Eldercare
- School/ Work
- Leisure
- Sports
- Social: friend, family, community
- Rest
- Spiritual

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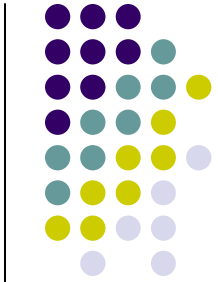
Contextual Factors

- Environment
  - Terrain
  - Weather

Contextual Factors



- Architectural /Environmental barriers
- Funding source
- Available resources
  - Professional support
  - Caregiver
  - Transportation

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Personal Factors

- Belief system
- Habits
- Roles
- Patterns of Behaviors
- Culture
- Traditions

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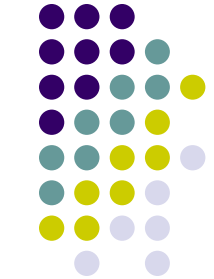
Considerations within the ICF framework



- Prognosis for health and function
- Flexible vs. fixed deformities
- Stable vs. Progressive disorder
- Age and growth

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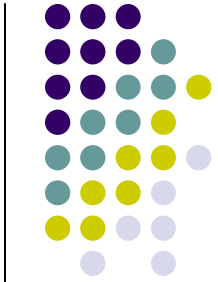
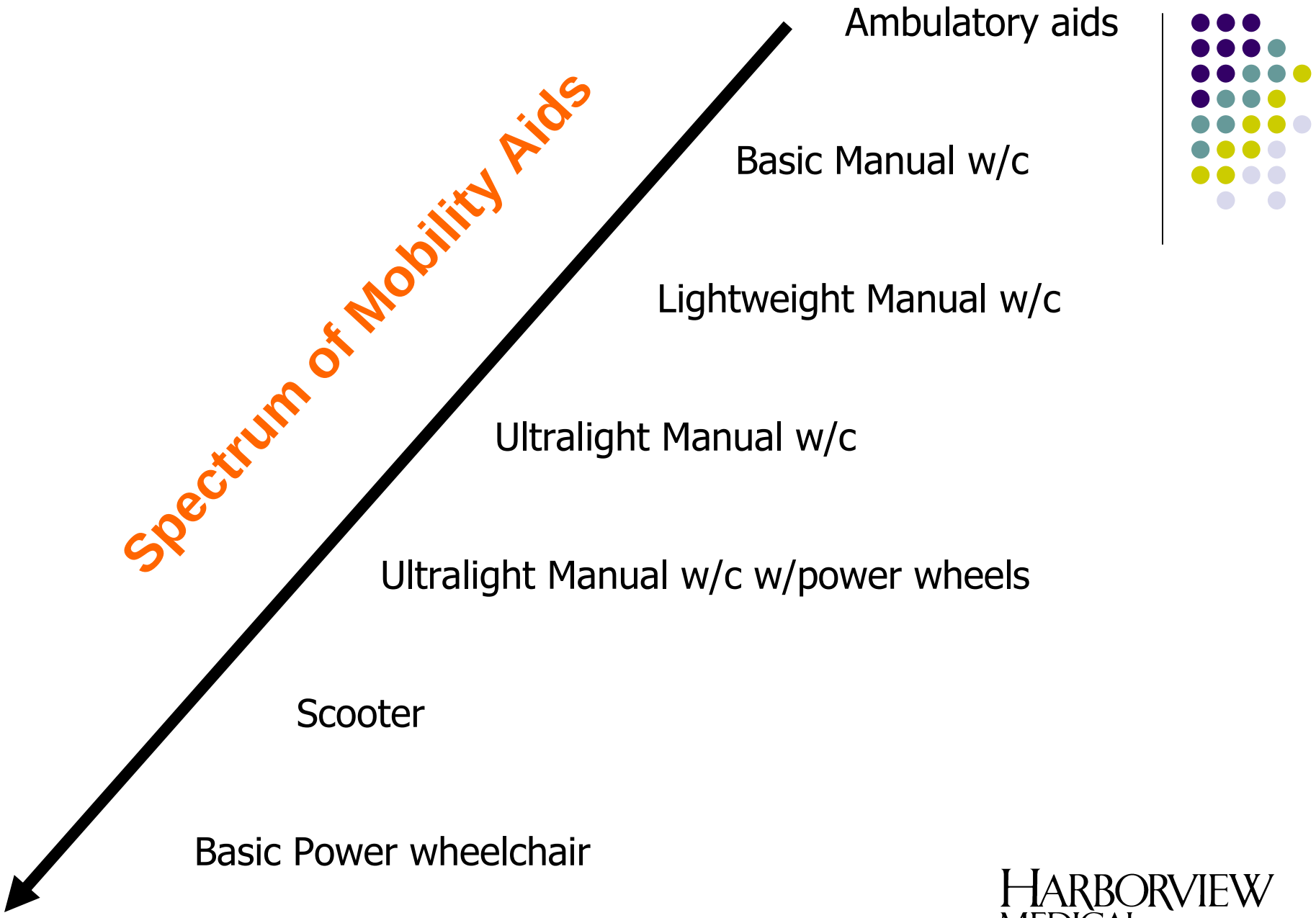
Assessment



- Matching impairments, functional mobility deficits, and patient goals to equipment.

- Always keeping in mind ethical and fiscal responsibilities



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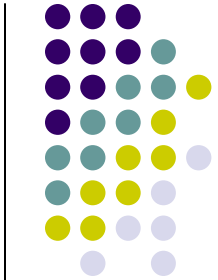
Equipment trials



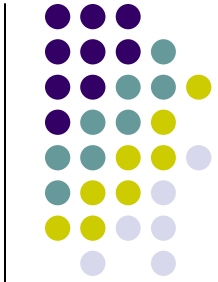
- Where do you start?
  - Patient preference?
  - Least expensive?
  - Most expensive?
  - Vendor’s suggestion?
  - MD request?

- Equipment trials
  - In the clinic
  - In home

Transportation considerations

- Bus
  - Turning radius
  - Weight restrictions
  - Tie-downs
- Storage in vehicle
- Storage on vehicle
- Utilization in vehicle

Evaluation documentation



- See template.

What role does insurance play?

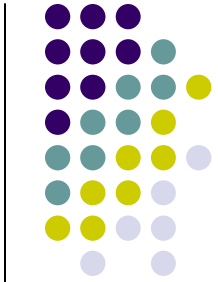
Medicare

- Coverage is 80% (remaining 20% covered by patient or secondary insurance)

- Requirements:
  - Evaluation (elimination) of least restrictive assistive device
  - Must need equipment for MRADL's
  - Home accessibility

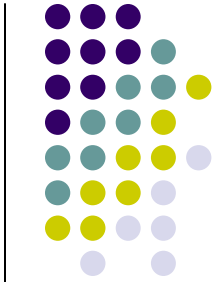
- Documentation:
  - Chart notes with MD signature
  - MD notes – must indicate need for wheelchair specifically
  - Prescription indicating length of need and ICD codes

Medicaid



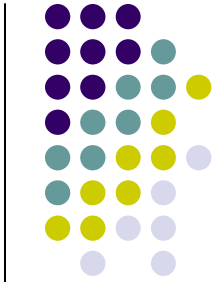
- State Health Plan – varies per state guidelines
- 100% coverage of allowable items, if patient meets mobility requirements.
- Environment and community mobility taken into consideration
- Specific paperwork process, chart notes not admissible.
- Lengthy review process (currently in WA state)
- Clients may not “buy up” or get extras that are not considered medically necessary.

Private Insurance



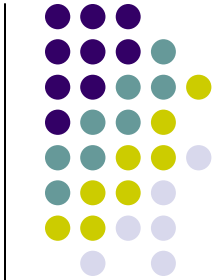
- Variable levels of coverage
- Often need to go through preferred provider/ vendor
- Relatively quick with approval / disapproval process
- Typical:
  - Prescription needed
  - Letter of Justification and/or chart notes

Vendor



- Selection / option of vendor
- Interaction w/ insurance companies
- Product availability
- Guidance / Resource to clinician
- Product trials
- Repair / Replace
- Ordering
- Education

Justification Letters



This is a letter of medical justification for the purchase of a *type of wheelchair* for *patient*.

Introduce patient:

- History of present illness
- Past medical history
- Current method of mobility
  - Include ambulatory status
  - Current wheelchair description if applicable
- Daily activities
- Use of w/c in the home and community
- REASON WHY PATIENT NEEDS A CHAIR OR A NEW CHAIR

Anthropometrics:

- Height; Weight; Upper leg length; Lower leg length; Hip width

Equipment requested:

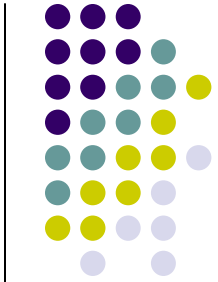
Justification of each piece of equipment requested:

The *type of* wheelchair is a dependable *power/manual* wheelchair that, as we have requested, will meet all of *patient's* mobility needs as well as positioning needs.

Thank you for your prompt consideration and efficient handling of this important equipment issue. Please telephone *therapist name* at *voicemail* or *FAX* if you have any questions or concerns related to this essential wheelchair equipment for *patient*.

Sincerely, SIGNATURES.

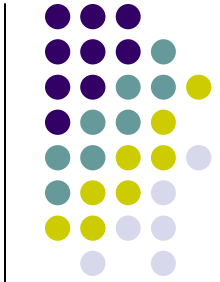
Case scenario #1



- The patient is a 56-year-old woman with chronic left limb pain, left above the knee amputation, depression and post traumatic stress disorder who presents today for wheelchair evaluation.
- Social/Vocational: lives at home with 24 hour care
- Home Environment: level entry
- Activities of Daily Living: needs assist for all ADL's currently, as pt unable to ambulate safe distances.
- Transportation: family members, in car
- Insurance: MEDICARE

- Subjective: Pt notes no goals. Family would like to have a wheelchair for transport and safety within the home.
- Cognitive: Lacked initiation for all activity
- Strength and ROM: WNL
- Transfers: Independent with w/c to mat and w/c to w/c transfers without assistive device
- Ambulation: Independent with B Loftstrand crutches ~10 ft. Pt used extremely slow pace and tired quickly but had good balance and acted in a safe manner.
- Wheelchair Mobility: Propelled with R LE indoors in lightweight wheelchair indoors.
- **ANTHROPOMETRICS:**
  - Height68” Weight200lbs
  - Hip Width15” Upper Leg Length R 20” L 17
  - ”Lower Leg Length R 17.5”

Case scenario #2



- Medical History: fibromyalgia, morbid obesity, DM, Chronic fatigue
- Insurance: Medicaid
- S: Pt reports independent living w/ constant pain that limits her ability to get out of her house. Would like a power chair

Observation: pt arrives with a single point cane, needed to take 3 breaks just walking 100ft to the therapy gym.

Cognition: intact for power wheelchair mobility.

Strength: pt able to move arms and legs against gravity but unable to sustain resistance due to pain.

ROM: no significant ROM limitations

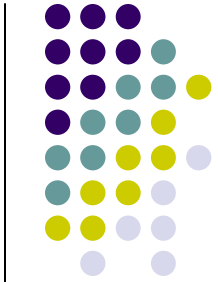
Posture: slightly forward flexed posture; independent postural adjustments

Transfers: independent sit to stand.

Ambulation: ambulates with single point cane with frequent rest breaks.
Ambulation speed 20s/10m – 28% of normal limits

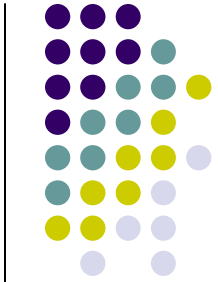
Endurance: poor. Unable to ambulate full length of one block without taking rest break.

Anthropometrics



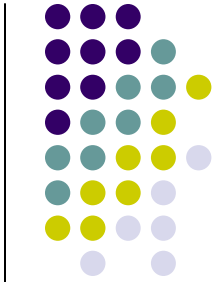
Height:	5’6“
Weight	405lbs
Hip Width	22“
Upper Leg Length	20“
Lower Leg Length	18“

Bariatric Patients



- Equipment availability
- Transportation
- Accessibility

Case scenario #3



- 20-year-old female MVC
- Subdural hematoma, Traumatic subarachnoid hemorrhage, pneumonia, intraabdominal abscess, seizures, right rib fracture, L4 burst fracture, L1 through 5 transverse process fracture
- Quadraparetic and with severe cognitive deficits. She is only able to respond to noxious stimuli and she is unable to voluntarily move her extremities. She is dependent on caregivers for all of her physical mobility and activities of daily living. She is not capable of maintaining her own seating position and she is not capable of repositioning herself or propelling any type of wheelchair.
- Insurance: Medicaid

Shoulder flexion range: ~ 0 – 50 degrees elevation no external rotation Bilaterally

Elbow range of motion: Left: 0 – 50 degrees Right 0 – 100 degrees

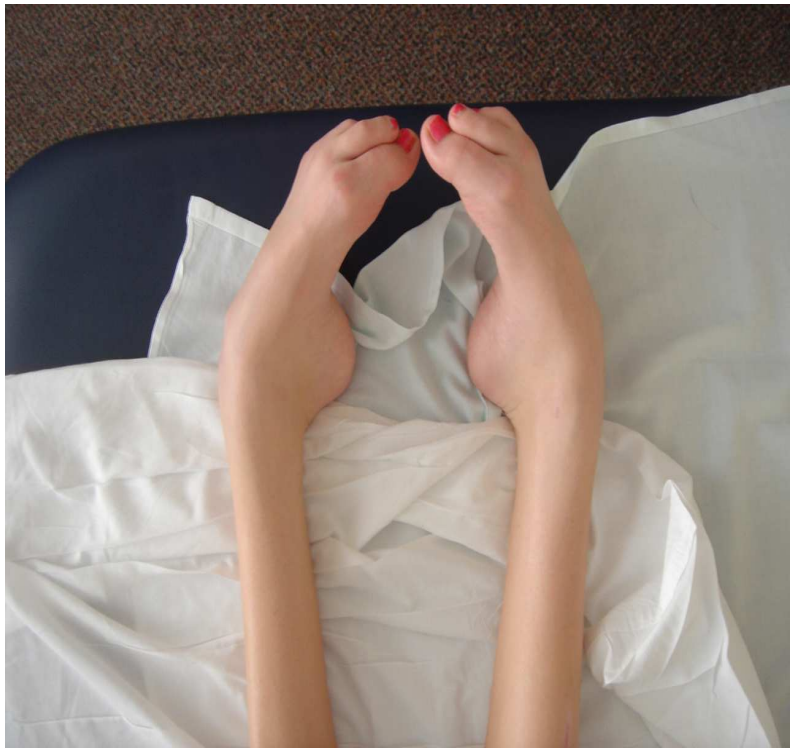
Ankle contractures: ~30 degrees equinovarus; 65 degrees plantar flexion Bilaterally

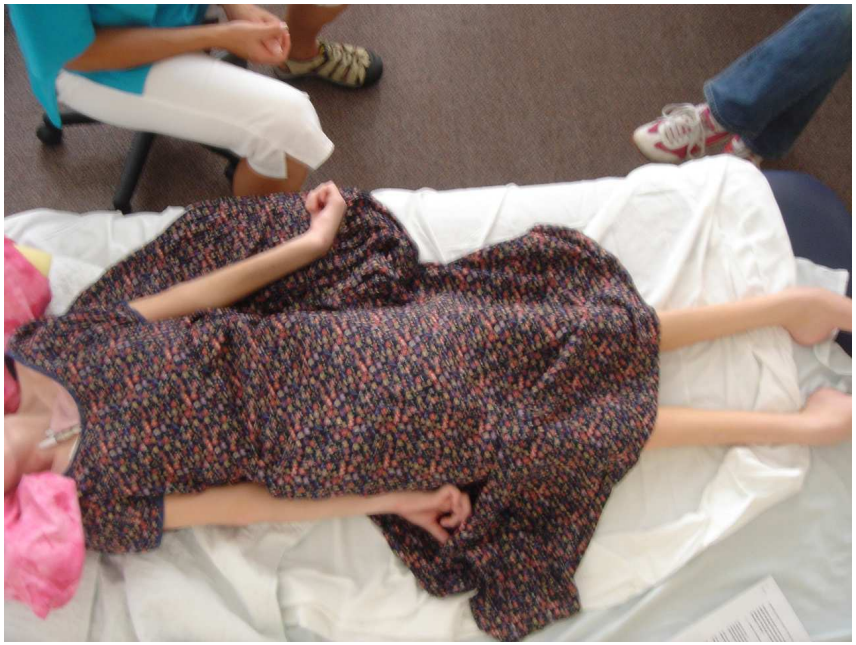
Hip flexion contractures: ~ 45 degrees of total hip flexion Bilaterally

Knee flexion contractures: ~ 45 degree flexion contracture Bilaterally

Her functional mobility skills are as follows:

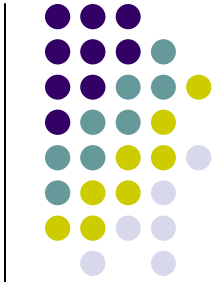
Rolling: Dependent
Transfers: Dependent hoyer lift
Wheelchair mobility: Dependent.






Solara

Case scenario #4



- Pt with C4/5 complete tetraplegia due to MVA. Dependent on power wheelchair for mobility

- Lives in apartment with caregiver assistance throughout the day. He needs assist for all ADL's. Transfers via hoyer lift. Spends about 10hrs / day in power wheelchair. Likes to visit with friends and be outside. Large hill to access his home.

- Insurance: Private

- **ROM**:
  - UE ROM: limited ROM in B hands, remainder of UE grossly WNL.
  - LE ROM: ankle DF to neutral; knee flexion >90; hip flexion >90. Pt sits in external rotation at the hips unless he uses a thigh strap.

- **STRENGTH**: Pt able to activate and take resistance for B biceps and deloids; no volitional movement below level of injury.

- **ANTHROPOMETRICS**:

  - Height: 6'4"
  - Weight: 240#
  - Hip Width: 19 ½"
  - Upper Leg Length: 21 ½"
  - Lower Leg Length: 22"

- **SKIN INTEGRITY:** Previous history of sacral pressure sores. Severe LE edema with small open wounds on bilateral lateral malleoli.